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ABSTRACT

A culmination of the efforts of many Indian and concerned non-Indian people, the conference, attended by almost 1,500 American Indians and Alaska Natives representing 171 tribes, aimed to promote effective and adequate services needed by the Indian elderly. Based on input from the Indian community and service providers, five concurrent workshops were scheduled to address the topics of income, environment, legal problems, physical well-being, and legislation. This report presents discussions of the: events which led to the conference; recommendations and resolutions submitted into the conference record; conference objectives and agenda; organization of workshops; background of the conference recommendations; implications and the follow-up. Also included are the highlights of conference background, planning, implementation, and evaluation; the questionnaire given to the Indian community and a summary of the responses; and the responses by the Administration on Aging at the regional and state levels. Appendices include discussions of the historical and legal perspectives of Tribal sovereignty and Tribal government, the National Congress of American Indians' position on aging concerns, the Indian Health Care Improvement Act, and social services to Indians through Title XX; comparative population data for Indians aged 65 and over living on identified reservations in selected states; statistical data of such tribes as the Mississippi Band of Choctaws, St. Regis Mohawk, Jicarilla Apache, and Miccosukee; and testimonies before various committees and subcommittees on aging. (NQ)

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THE INDIAN ELDER, A FORGOTTEN AMERICAN

NATIONAL TRIBAL CHAIRMEN'S ASSOCIATION
UNITY
STRENGTH
JUSTICE

Final Report
on the
First National Indian Conference on Aging
Phoenix, Arizona, June 15-17, 1976

RC 010517

FEDERAL INDIAN RESERVATIONS

NEVADA

1. ELKO
2. SOUTH FORK
3. RUBY VALLEY
4. RODGERS RANCH
5. ELY
6. DUCKWATER
7. YERINGTON
8. RENO-SPARKS
9. BATTLE MOUNTAIN
10. WINNEMUCCA
11. SUMMIT LAKE
12. MOAPA
13. LAS VEGAS

ARIZONA

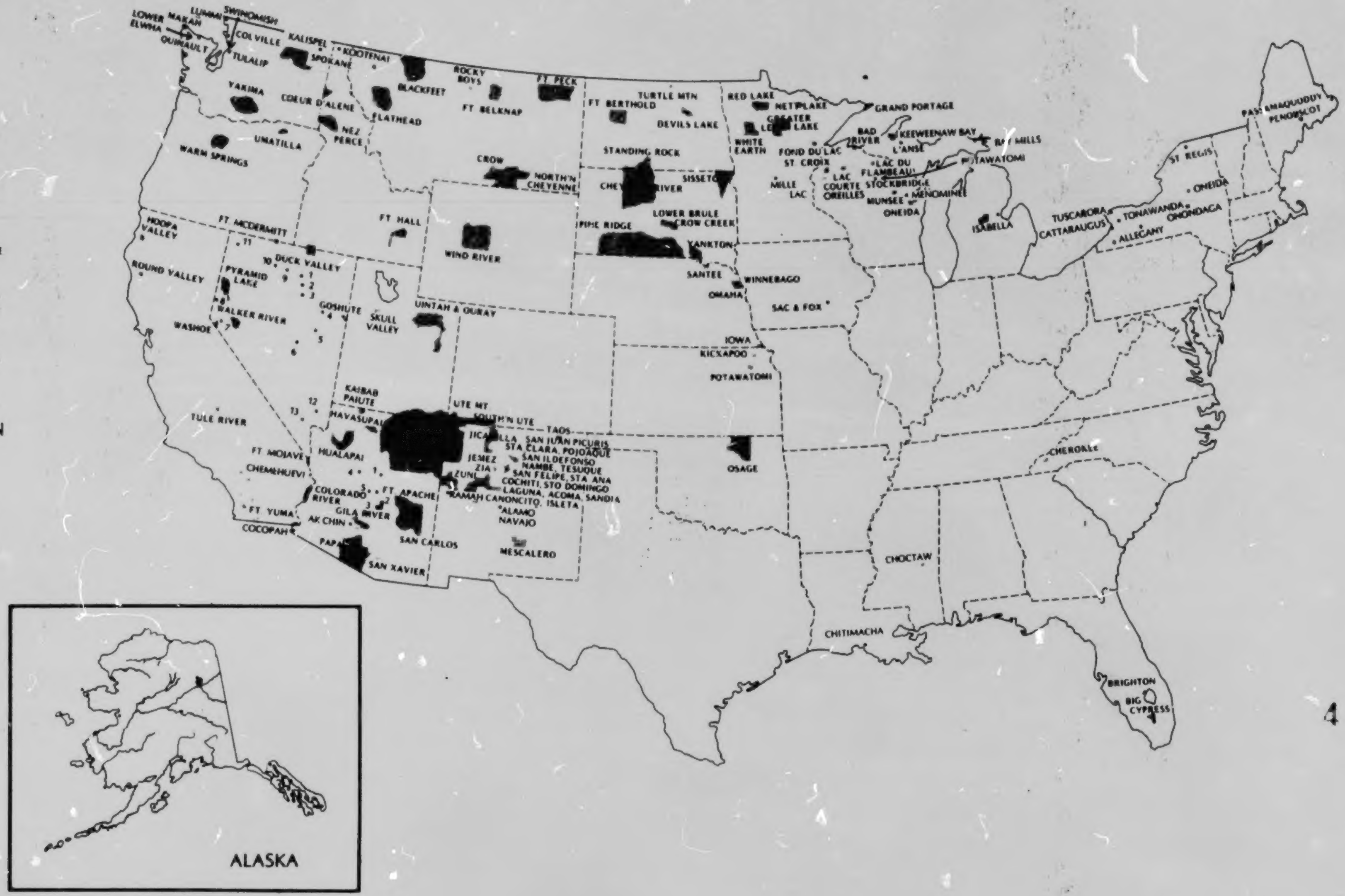
1. CAMP VERDE
2. FT. MCDOWELL
3. SALT RIVER
4. PRESCOTT YAVAPAI
5. PAYSON TONTO APACHE

CALIFORNIA

(85 RANCHERIAS IN CALIFORNIA NOT SHOWN DUE TO REDUCED SCALE OF MAP)

WASHINGTON

15 ADDITIONAL TRIBES NOT SHOWN DUE TO SPACE LIMITATIONS


LOWER ELWHA
MAKAH
LUMMI
SWINOMISH
QUINAULT
COLVILLE
TULALIP
KALISPEL
KOOTENAI
SPOKANE
YAKIMA
COEUR D'ALENE
BLACKFEET
ROCKY BOYS
FT PECK
FT BELKNAP
FLATHEAD
NEZ PERCE
UMATILLA
WARM SPRINGS
CROW
NORTH'N CHEYENNE
FT BERTHOLD
TURTLE MTN
DEVILS LAKE
STANDING ROCK
CHEYENNE RIVER
SISSETON
LOWER BRULE
CROW CREEK
PINE RIDGE
YANKTON
SANTEE
RED LAKE
NETT LAKE
GREATER LEECH LAKE
WHITE EARTH
GRAND PORTAGE
FOND DU LAC
ST. CROIX
MILLE LAC
BAD RIVER
KEEWEENAW BAY
L'ANSE
BAY MILLS
LAC DU FLAMBEAU
POTAWATOMI
LAC COURTE OREILLES
STOCKBRIDGE MUNSEE
MENOMINEE
ONEIDA
ISABELLA
TUSCARORA
TONAWANDA
CATTARAUGUS
ALLEGANY
ONONDAGA
ONEIDA
ST REGIS
PASSAMAQUODDY
PENOBSCOT
HOOPA VALLEY
FT MCDERMITT
ROUND VALLEY
DUCK VALLEY
FT HALL
WIND RIVER
PYRAMID LAKE
WALKER RIVER
WASHOE
GOSHUTE
SKULL VALLEY
UINTAH & OURAY
WINNEBAGO
OMAHA
SAC & FOX
IOWA
KICKAPOO
POTAWATOMI
KAIBAB PAIUTE
HAVASUPAI
TULE RIVER
UTE MT
SOUTH'N UTE
TAOS
JICARILLA
SAN JUAN PICURIS
STA CLARA, POJOAQUE
SAN ILDEFONSO
NAMBE, TESUQUE
JEMEZ
ZIA
SAN FELIPE, STA ANA
COCHITI, STO DOMINGO
LAGUNA, ACOMA, SANDIA
ZUNI
RAMAH CANONCITO, ISLETA
ALAMO NAVAJO
MESCALERO
HUALAPAI
FT MOJAVE
CHEMEHUEVI
COLORADO RIVER
FT. APACHE
FT YUMA
GILA RIVER
AK CHIN
COCOPAH
PAPAGO
SAN XAVIER
SAN CARLOS
OSAGE
CHEROKEE
CHOCTAW
CHITIMACHA
BRIGHTON
BIG CYPRESS
ALASKA

THE INDIAN ELDER,
A FORGOTTEN AMERICAN

FINAL REPORT ON THE
FIRST NATIONAL INDIAN CONFERENCE ON AGING
PHOENIX, ARIZONA, JUNE 15-17, 1976

including
Supplemental Documentation

prepared by
Juana P. Lyon
Project Coordinator

Sponsored by the
NATIONAL TRIBAL CHAIRMEN'S ASSOCIATION
1701 PENNSYLVANIA AVENUE, N.W. WASHINGTON, D.C. 20006

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NATIONAL INDIAN CONFERENCE ON AGING
P.O. Box 2088
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FOREWORD

The elderly Indian, down through the years, has been the preserver of the Indian race, Indian culture, Indian history. Indian people have never been ashamed of growing old. They merely accept it as a fact of life because they understand the forces of life and the forces of nature, that all and everything that lives also decays.

The Indian elders have always been a part of the extended family. Being the heart and the center of that Indian family, they bring into that family unit an experience, maturity. They also bring to us knowledge, wisdom.

One of the greatest values of the Indian elderly is that they represent to us a repository. All that we like to claim and talk about as Indian didn't come to us from the university or the high school; it came to us from the Indian elderly. All that we hold so dear and so precious in our Indianness comes from those who have gone before us. When we look at the Indian elderly, there is something in them, with them, that is so precious.

Today, we salute the Indian elder for preserving what is left of the Indianness. Let us continue to hold hands and join forces and, in the name of Indians, while this country is lost in red, white, and blue, let us become lost in our Indianness and maintain our identity in our Indian community.

From the opening remarks of
Wendell Chino, President
National Tribal Chairmen's Association

There isn't any doubt in my mind, or in the minds of any of us who are working in the field of Aging, that, by any social or economic indicators commonly used to reflect conditions under which people live, American Indians frequently fall into the lowest of categories. And there is no question in our mind but that no other group of older Americans is faced with so stark a prospect in their old age as is the elderly American Indian. . . . There are many members of the Indian community who can be classified as older persons whose annual incomes are below the poverty threshold. That is an indefensible situation, but that is something that we have to keep working on until we get a correction.

From the keynote address by
Dr. Arthur S. Flemming
Commissioner on Aging

ACKNOWLEDGEMENTS

The National Indian Conference on Aging covered by this report was a historic first. It was the culmination of the efforts of many Indian people and concerned non-Indian friends. It is not possible to name them all, but recognition must be given to the cooperation and support of the following:

The Indian Tribes of Arizona, Nevada, Utah and the Navajo Nation, who formed the nucleus of this effort

Arizona Indian Action for the Elderly—Alice S. Norris (Papago Tribe), Chairperson

The Administration on Aging—Dr. Arthur S. Flemming, Commissioner

The Bureau of Indian Affairs—Morris Thompson, Commissioner, and Raymond Butler, Chief, Social Services

The Phoenix Area Office, BIA—John Artichoker, Jr., Area Director, and J. Bart Graves, (Acting) Area Social Worker

The Indian Health Service—Dr. Emery Johnson, Director, Mrs. Joe B. Graber, Chairperson, IHS Committee on Aging

The Arizona Department of Economic Security—John L. Huerta, Director

Native American Elders United—Joe Braswell, Chairman

The Phoenix Area Indian Health Board—Elliott Booth, Executive Director

The Native American Senior Citizens' Center of Phoenix, Arizona—Tammy Sixkiller, Director

The Phoenix Indian Center—Syd Beane, Director

The City of Phoenix, LEAP—Section on Aging and the Office of the Mayor

ACTION—Senior Companions

Southwest Indian Development, Inc.

The Inter-Tribal Bowling League of Phoenix, Arizona

Title IV Program, Longview School, Phoenix, Arizona

The Association of American Indian Social Workers

The North American Indian Women's Association

and the many Indian individuals who gave their time
and effort to make this Conference possible

In addition, we thank the National Indian Council on Aging for making staff available for Conference follow-up and for the preparation of this report.

Above all, we thank the Indian elderly for being an inspiration to us and for their contribution to the life of our people.

(Smithsonian Institution, National Anthropological Archives)

INTRODUCTION

The first National Indian Conference on Aging was sponsored by the National Tribal Chairmen's Association (NTCA) in Phoenix, Arizona, on June 15-17, 1976. Close to 1,500 Indian and Alaskan Native* people representing 171 tribes came together to speak of their needs and present recommendations for action to improve the quality of their lives.

They made no extravagant demands. They asked only to live out their lives with the assurance that their most elementary needs will be met. In addition to the basic need for food, clothing, shelter, health care, etc., the Indian elderly named another: the need to remain Indian—whether as sovereign nations insisting on the treaty commitments of the Federal Government or as individuals who want to pass on the heritage of their forefathers to their grandchildren.

The recommendations and resolutions submitted into the Conference record are included in this report.

Funding for the Conference was provided by the Administration on Aging under the direction of Commissioner Arthur S. Flemming. Substantial in-kind contributions were made by the Bureau of Indian Affairs, Phoenix Area Office, and by the Arizona Department of Economic Security. The volunteer efforts of many members of the Phoenix Indian Community provided vital support of all Conference functions. Representatives of federal and state service provider agencies participated to offer information and serve as resource persons.

The issues identified at the first National Indian Conference on Aging will be pursued by the National Indian Council on Aging which currently consists of thirty-nine members. It will be a long and difficult task requiring the continued interest and support of the national Indian community, of service provider agencies, and of the Congress of the United States.

BACKGROUND

National attention was first drawn to the plight of the Indian elderly when a Special Concerns Session on the Elderly Indian at the 1971 White House Conference on Aging identified a number of issues which were subdivided into the following categories:

Income
Housing
Legal
Nutrition
Health
Nursing Homes
Transportation
Education, Physical and Spiritual Well-being

In each of the identified subject areas, the Indian delegates made specific recommendations for remedial action. The recommendations were included in the Conference report and largely ignored. (See Page 26).

In the years following, a number of Indian participants made repeated attempts to revive the vital issues they had raised on that occasion, all to no avail. In April of 1975, the issues surfaced again at a conference on "Indians and Aging" at Arizona State University. An Indian Caucus emerged at that conference, and a number of specific recommendations were formulated. One of these recommendations was to conduct a national Indian conference on aging to provide a forum for the Indian community nationwide to state its unmet needs, recommend remedial action, and press for implementation of that action. Another objective of the Arizona Caucus was to bring about legislative action which would make the provisions of the Older Americans Act more responsive to Indian needs.

A group of eight Indian people, elected to pursue these objectives, formed a committee entitled "Arizona Indian Action for the Elderly" and named as chairperson, Mrs. Alice S. Norris, Director of the Papago Tribe's Program for the Elderly ("The Wise Ones").

In hopes of bringing about the needed legislative changes, Mrs. Norris testified on the needs of the Indian elderly at the Senate Subcommittee hearing on the Older Americans Act Amendments during the fourth week of April, 1975. (Refer to Page 492.) The only special provision for Indian tribes in the Older Americans Act, as amended, was made in Title III, and even that was of doubtful benefit to the Indian community. (Refer to Page 118.)

The National Indian Conference on Aging objective was pursued next by the committee. Juana Lyon, Indian Specialist of the Arizona Department of Economic Security, was requested to develop a proposal for such a conference. At the same time, the original committee of eight was enlarged to include representation from the Indian tribes of Arizona, Nevada, and Utah (Phoenix Area of the Bureau of Indian Affairs), the Navajo Nation (Navajo Area), and from the major Indian concentrations in Arizona urban areas. (Refer to Page 30.)

Initial contact with the Administration on Aging in Washington on the subject of funding for a national conference established the necessity of having a national Indian organization serve as conference sponsor. Wendell Chino, President of the National Tribal Chairmen's Association, deserves full credit for his immediate, wholehearted cooperation with the project when he was approached for support. The Board of Directors of the National Tribal Chairmen's Association officially agreed to accept sponsorship of the conference project and authorized the Arizona Indian Action for the Elderly Committee to form the nucleus of the planning effort and to take all necessary action to bring about a national conference which would provide a public forum for the Indian elderly. (See Page 169 for names of NTCA Board Members who supported this project.)

On October 27, 1975, the National Tribal Chairmen's Association submitted a proposal for the purpose of sponsoring a National Indian Conference on Aging to the Administration on Aging of the Department of

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* The term "Indian" throughout this report should be interpreted as including Alaskan Natives.

Health, Education, and Welfare. The proposal was accepted and, effective February 23, 1976, a grant award in the amount of $192,244 was approved. Of that amount, $115,500 was earmarked for sponsored conference participation by elderly Indians and Alaskan Natives.

PROJECT OBJECTIVES

The immediate goal of the project was a coordinated approach to the promotion of effective and adequate services needed by the American Indian elderly by combining input from the Indian community with that of service providers. The long-range goal was an improved standard of life for the Indian elderly according to their own culturally based needs.

The main objectives of the project were:

1. Provide a forum for the Indian community nationwide to express its concerns and special needs in the area of services to the Indian elderly. Specifically, input was solicited from participants on
   a. Status and effectiveness of existing services
   b. Identification of unmet needs
   c. Recommendations for modification, improvement, methodology, future planning, implementation, follow-up, and continuity of Indian input
   d. Establishment and maintenance of mutually acceptable cooperative relations between the Indian community and
      A. The Administration on Aging
      B. Other federal agencies capable of providing complementary services
      C. State and local agencies providing services to the elderly
   e. Accomplishment of maximum utilization of all available resources within the context of Indian culture and heritage.
2. Provide accurate, current information to the Indian community on resources available to serve the elderly, many of which may not have been utilized:
   a. An overview of the provisions of the Older Americans Act as they relate to Indian needs.
   b. An overview of services available to the Indian elderly in each state with a sizeable Indian population.
   c. An overview and discussion of barriers, if any, to effective utilization and coordination of resources; solutions recommended.
3. Determine methodology and plan for implementation of positive continuous action leading to improved comprehensive services for the Indian elderly (e.g. permanent State Indian Councils on Aging, permanent National Indian Task Force on Aging).
4. Promote sensitivity to needs and problems of elderly Indians among non-Indian agency representatives.

METHODOLOGY

Conference emphasis was on input from the Indian community throughout the total life of the project—planning, conference, and follow-up.

1. Planning
   a. Through established NTCA channels and linkages, specific issues to be addressed at the conference were identified and recommended at the local, state or area levels.
   b. Where feasible, committees of tribal/organization delegates were formed at the state or area levels (depending on regional distribution of target population).

      The role of State/Area Planning Committee was:

      A. Identify subject areas relating to the Indian elderly which should be included in the agenda of the national conference.
      B. Identify individuals who might serve as panelists, workshop leaders, resource persons, or in some other vital capacity at the national conference.
      C. Elect delegates to represent the state or area on the national planning committee. He/she carried their recommendations to the national level.
      D. Assist with notification of the Indian community in their area of the impending conference and its objectives.
      E. Coordinate participation of Indian people from their area in the conference, including coordination of travel arrangements in cooperation with the Project Coordinator and local cooperating agencies, e.g., the Bureau of Indian Affairs.

   c. National Planning Committee—The National Planning Committee for the conference was composed of twenty-nine members who were appointed as follows:
      A. The President of the sponsoring organization (NTCA).
      B. At least one representative from each of the twelve areas within the NTCA organizational structure. This was the NTCA area representative or his designee.
      C. One or more representatives from the following states:

         Arizona
         California
         Florida
         Illinois
         Iowa
         Maine
         Minnesota
         Montana
         Nevada
         New Mexico
         New York
         North Carolina
         Oklahoma
         Oregon
         South Dakota
         Utah
         Washington
         Wisconsin

      (Members are listed on P. 31.)

During the life of the project, the national planning committee met as follows:

- (1) At the beginning of the third project month to
  - (a) Finalize plans for conference site, date, facilities, agenda
  - (b) Begin identification of potential speakers, panelists, workshop leaders, etc.
  - (c) Coordinate notification system and compilation of conference information materials
  - (d) Coordinate group travel arrangements from areas or states
  - (e) Identify individual volunteer conference aides and/or committees
- (2) At the beginning of the fourth project month to finalize all conference-related arrangements, plans, committees, procedures, etc.
- (3) At a half-day session immediately following the conference, its membership increased by five persons elected at the conference, and its status changed to that of a National Task Force, also as a result of action taken at the conference. The purpose of this meeting was an immediate reaction to and evaluation of the conference just adjourned, election of officers, and projection of future activities.
- (4) During the ninth project month; the purpose of this meeting was:
  - (a) A status report from the Project Coordinator on conference follow-up
  - (b) A preliminary general audit of funds expended for the conference
  - (c) Discussion of plans for future action, e.g., planning for continuation of the project to hold annual national Indian conferences on aging.

2. Conference Participation

Conference participants fell into the following broad categories:

- a. Representatives of the target group—American Indian elderly
- b. Representatives of tribal governments interested or involved in the provision of services to the elderly
- c. Representatives of other Indian groups or organizations with related interests
- d. Representatives of the National and Regional levels of the Administration on Aging and of State and Area Agencies on Aging
- e. Program administrators of agencies or organizations providing services to elderly Indians
- f. Selected legislative leaders and representatives of the various levels of government from throughout the nation with the interest and *capability to lend active support* to efforts serving the needs of elderly American Indians
- g. Individuals or groups interested in providing complementary or supportive services to the Indian elderly.

The conference expenses of 300 participants in category a. (above) were borne by the project. They were selected by NTCA area representatives, or by their individual tribes or groups, and had to be no less than 45 years, preferably 60 and over, individuals with a strong interest or involvement in the subject of services to elderly Indians, and unable to defray their conference expenses from their own or other resources.

PROJECT SUPPORT FROM OTHER AGENCIES

At the request of delegates of the Phoenix and Navajo Area tribes, the Arizona Department of Economic Security assigned its Indian Specialist, Juana Lyon, to serve as Project Coordinator as an in-kind contribution. On February 26, 1976, the Board of Directors of the National Tribal Chairmen's Association delegated to Mrs. Lyon full responsibility and authority to execute all functions of the Project Coordinator.

The Bureau of Indian Affairs, as its in-kind contribution, provided office space and equipment for Project staff, as well as access to the FTS telephone system, at its Phoenix Area Office. The BIA also offered the use of its Phoenix Indian School facility as a conference site.

The Commissioner of Indian Affairs, Morris Thompson, instructed his Area Directors to assist in any way possible, including the provision of transportation to a point of departure within the respective states for Indian elderly conference delegates appointed by federally recognized tribes.

Raymond Butler, Chief of the Division of Social Services of the Bureau of Indian Affairs, assigned Mrs. Clare Jerdone of his staff to work with Administration on Aging representatives and to be the focal point for participation in conference-related activities by the Bureau of Indian Affairs' Central Office.

Dr. Emery A. Johnson, Assistant Surgeon General of the United States and Director of the Indian Health Service, directed all Area and Program Directors of the Indian Health Service to assist with dissemination of conference information and to ensure conference participation by members of the IHS Committee on Aging under the chairmanship of Mrs. Joe B. Graber, Director of the IHS Office of Health Resources, who was designated as the IHS liaison person for the conference effort.

In cooperation with the Phoenix Area Office, IHS, the Phoenix Indian Medical Center, and the Phoenix Area Indian Health Board, emergency medical services for conference participants were established.

With the full cooperation of John Artichoker, Jr., Area Director of the Phoenix Area Office, BIA, and of J. Bart Graves, Acting Area Social Worker, Project staff set up the Conference headquarters in the Branch of Social Services of the Phoenix Area Office in March of 1976.

PROJECT STAFF

Professional Project staff was limited to the Project Coordinator, on assignment from the Arizona Department of Economic Security as its in-kind contribution.

Clerical staff consisted of one full-time Administrative Secretary, intermittent clerical help employed on a purchase-of-service basis, and one older worker funded under Title IX of the Older Americans Act.

From March to the conference date in mid-June of 1976, in a period of not quite three months, the total notification, planning, and logistics effort was handled by this staff from Conference headquarters with the assistance of a highly motivated force of Indian volunteers throughout the nation.

The strongest volunteer efforts came, quite naturally, from Arizona and, particularly, from the Phoenix Indian Community. Without that, the first National Indian Conference on Aging would not have been possible.

Conference follow-up was performed by the same staff until the end of December of 1976, when the National Indian Council on Aging, which had been established in September of that year, moved its headquarters from Phoenix, Arizona, to Albuquerque, New Mexico.

The Project Coordinator, Juana Lyon, then remained the only staff person working on the Conference Project on a regular basis, in addition to her duties as Executive Director of the National Indian Council on Aging. Additional staff support was provided on a cooperative, "when feasible" basis by personnel of the National Indian Council on Aging, and clerical help for production of the final report was procured on a purchase-of-service basis.

DEVELOPMENT OF CONFERENCE AGENDA

In March, the first nationwide announcement of the planned National Indian Conference on Aging went out to the Indian and Alaska Native community of the United States, inviting input into the planning effort. With the first announcement, a questionnaire was distributed requesting indications of subject areas which should be discussed at the conference. (See Page 34.)

The Area Representatives of the National Tribal Chairmen's Association were designated to oversee the formation of planning committees in the states or areas they served. Each of these committees, in turn, was scheduled to send one delegate to a National Planning Committee to finalize the conference agenda.

The most outstanding area/tribal level cooperative planning effort in preparation for the conference was put into action by the Navajo Tribe and the Navajo Area staff of the Bureau of Indian Affairs and the Indian Health Service. (See Page 403.) Under the leadership of the four Navajo members of the Arizona Planning Committee—Louva Dahozy, Ted Evans, Rodger Sandoval, and Sophie Thompson—each of the 102 Chapters on the vast Navajo Reservation, which extends into the States of Arizona, New Mexico, and Utah, began to plan for the input and participation of its elderly members. (The Navajo Tribe has a total membership of 140,046, with 10% of that number estimated to be in the elderly category.) Detailed information on the Navajo effort is listed in the Appendix, beginning on Page 403.

The Arizona Committee, designated to take the lead in Conference planning, began monthly meetings in March of 1976, to review responses received to the questionnaires and to begin identification of agenda items and workshop structures.

The answers received showed a remarkable similarity to the major issues identified by the Indian Caucus at the 1971 White House Conference on Aging. As a result, the National Planning Committee, which first met on May 12-13, decided to have the 1976 National Indian Conference on Aging revive these issues and to organize the workshop groups along similar subject lines.

Another fact, which became apparent from responses to the questionnaires, was that attendance at the conference would far exceed initial expectations and that the Phoenix Indian School facilities would not be adequate. The Project budget was, consequently, revised to allow for the use of commercial facilities, and the Phoenix Indian School dormitory space was reserved for the use of non-sponsored participants lacking the means to pay for accommodations.

On April 7, a second nationwide mailing had gone out, requesting nominations of Indian elderly persons to participate in the conference at Project expense. In the same month, identification and assembling of information material to be distributed at the conference began and continued up to the conference date. At the same time, conference support committees were identified, and planning for their functions began.

Also in April, Regional and State Agencies on Aging were informed of the conference and invited to attend, as were representatives of additional service provider agencies, who were requested to make staff available to give brief overviews of the programs administered by them and to serve as resource persons in the workshop sessions.

The agencies participating in this category were:

1. U.S. Department of Agriculture
   Extension Service
   Farmers Home Administration
   Food and Nutrition Service
2. Community Services Administration

3. Department of Health, Education, and Welfare
    - Administration on Aging
    - Indian Health Service
    - Office of Native American Programs
    - Social Security Administration
4. Department of Housing and Urban Development
5. U.S. Department of the Interior
    - Bureau of Indian Affairs
6. U.S. Department of Justice
    - Law Enforcement Assistance Administration
7. U.S. Department of Labor
8. U.S. Department of Transportation
9. Veterans Administration
10. ACTION
11. National Council on the Aging

ORGANIZATION OF WORKSHOPS

In order to allow the maximum amount of time for input by the Indian elderly participants, the National Planning Committee determined that one and one half days of the three days planned for the conference should be scheduled for the individual workshop sessions and that the number of major addresses should be limited to opening and closing remarks by Mr. Wendell Chino, President of the sponsoring organization, and Dr. Arthur S. Flemming, Commissioner on Aging.

Based on the input received in response to the questionnaires, as well as recommendations from the Arizona and National Planning Committees, five concurrent workshop sessions were scheduled to address the following topics:

I. INCOME

A. Employment
B. Training
C. Education
D. Social Security
    a. Title XX
    b. S.S.I.
E. General Assistance (BIA)
F. State Income Maintenance Programs
G. TWEP Program
H. Title IX
I. CETA
J. Retirement

II. ENVIRONMENT

A. Nursing Homes
B. Housing
C. Home Repair and Maintenance
D. Winterization; Heating-Cooling
E. Sanitation
F. Utilities—Water, Electricity, Gas
G. Senior Citizen Centers
H. Day Care
I. Transportation
    a. Escort Services
J. Homemaker Services
    a. Shopping Services
    b. Laundry Services
    c. House Cleaning Services

III. LEGAL PROBLEMS

A. Legal Aid
B. Ombudsman
C. Guardianship
D. Consumer Protection
E. Discrimination on Basis of Age, Race
F. Protective Services
G. Availability of Bilingual Aides in Courts, Jails, on Law Enforcement Staffs

IV. PHYSICAL WELL-BEING

A. Health
    a. Hospital Care
    b. Out-Patient Care
        1. Clinic (General)
        2. Dental Care
        3. Eye Care, Glasses
        4. Hearing Aids; Prostheses
        5. Preventive Medicine
        6. Personal Hygiene
        7. Emergency Services
    c. Medicaid-Medicare-Insurance
    d. Mental Health
        1. Isolation (Alienation)
        2. Recreation; Crafts
        3. Counseling
        4. Community Involvement
    e. Alcoholism and Drug Abuse Rehabilitation
    f. In-Home Services
    g. Escort Services
B. Nutrition
    a. "Meals on Wheels"; EFMS (Emergency Food & Medical Services)
    b. Title VII Programs
    c. Food Stamps-Commodities
    d. Food Co-ops
    e. Acceptance of Traditional Foods

V. LEGISLATION

A. Direct Funding
B. Federal/Tribal Relationships
    a. Tribal Sovereignty
    b. Self-Determination
C. State/Tribal Relationships
D. Organizational Structure
E. Agencies' Rules and Regulations
    a. Law versus Policy
    b. Criteria Invalid for Indian Programs
        1. Title VII
        2. Title XX
        3. Other Programs
        4. Age Limitations
    c. Statistical Criteria
        1. Inadequacy of U.S. Census
        2. Acceptance of Tribal Statistics
        3. Use of Indian Population Statistics by Agencies to Justify Funding

Each workshop had two discussion leaders: one, a Tribal Chairman or Governor and member of the NTCA Board of Directors, and one member of the National Planning Committee with knowledge of the problems experienced by the Indian elderly in off-reservation communities.

Discussion leaders encouraged statements of unmet needs, the remedial action which should be taken, and an indication of the agency which should take the action. The emphasis was on free expression on the parts of participants. Workshop recorders noted major points, using tape recorders as backup. Resolutions submitted or formulated during workshop sessions were reproduced and made available to participants prior to the final plenary session.

BACKGROUND OF CONFERENCE RECOMMENDATIONS

In order to enable the reader to interpret Conference recommendations in their proper perspective, it is appropriate at this point to touch briefly on the subject of responsibility for services to Indian people. The history of Federal Indian policy can, for obvious reasons, not be reviewed in detail in this report. There are many excellent sources available to the serious student of the subject.

The Indian and Alaska Native population of the United States falls into the following broad categories:

1. Federally recognized Indian tribes and Alaska Regional Corporations whose members may reside:
   a. on Indian reservations or other trust land[1]
   b. in rural, non-reservation areas[2]
   c. in urban areas
2. Indian tribes or groups recognized as such by a State with members residing:
   a. on State recognized reservations
   b. in rural, non-reservation areas[2]
   c. in urban areas.
3. Individuals not belonging to either of the previous categories but claiming to be of Indian descent.

It is not intended here to discuss the relative merits or potential inequities of these categorizations. For the purposes of this report, it should be mentioned only that individuals in category one, above, are generally entitled to certain services of the Federal Government, based on their status as members of federally recognized entities which are, or are entitled to be, the beneficiaries of specific commitments made by the Federal Government in individual treaties, laws, and Executive Orders. These commitments are based on the special legal relationship between the Federal Government and the federally recognized tribes as autonomous, quasi-sovereign entities. The recommendations and demands voiced at the National Indian Conference on Aging by representatives of these tribes must be interpreted in light of that special commitment of the Federal Government, which is increasingly being relegated to state and local governments over the protests of federally recognized Indian tribes. (For additional information on this subject, refer to Page 151.)

Services to Indian people in categories two and three, above, are primarily the responsibility of the states, counties, and cities in which they reside under the same criteria applied to the general population and usually without regard to their ethnic background. Protests about the inequity of their status, as compared with members of federally recognized tribes, raised at the conference by members of these groups were noted and are integrated into the Conference recommendations. The resolution of that problem is, however, not within the scope of the Conference and must be pursued by the individuals or groups affected through the legal and legislative avenues open to them.

CONFERENCE RECOMMENDATIONS

Recommendations made by conference participants are listed in this report as they were expressed, without imposing any judgment as to their practicality or legality. In follow-up action with the appropriate agencies, these factors will be explored and action taken accordingly.

The recommendations formulated by the Session on the Elderly Indian at the 1971 White House Conference on Aging were summarily endorsed and reconfirmed by the participants in the 1976 National Indian Conference on Aging. As expected, many parallel recommendations emerged from the individual sessions. It became increasingly apparent that there exists strong consensus among all segments of the national Indian community on the basic, unmet needs of the Indian elderly and on the remedial action which must be taken to ensure that even the most elementary needs are served. (See Page 75 for tribal affiliations of participants.)

It was to be expected that individual expressions of concerns would not be strictly limited to the main subjects assigned to a particular workshop. It is not basically in the nature of Indian people to compartmentalize their thinking; no matter what their tribal origin, Indian people usually view the total scope of any subject. They are keenly aware of the interrelationships of conditions and problems and, consequently, their logical solutions. It is logical, then, that recommendations on all aspects of the needs of the Indian elderly emerged from all the workshop sessions and were also expressed in the resolutions adopted at the plenary session. Specific statements of unmet needs and recommendations for action, including those submitted in the form of resolutions, are, therefore, listed by subject and may have originated in any of the sessions at the conference.

Conference recommendations were submitted to the Administration on Aging, and its official written response is included on Page 95. We like to think that the progress which has been made in generating additional responses from that agency and its national network is due, at least in part, to the expressions of problems and unmet needs voiced by the conference participants.

In order to expand opportunities for input by the Indian elderly nationwide, even after the National Indian Conference on Aging, the newly elected Board members of the National Indian Council on Aging were given the option to conduct Areawide conferences on Aging with funds provided by the Conference Project. Nine out of the twelve Areas chose to do so. They were:

Aberdeen Area
Anadarko Area
Billings Area
Central Area
Minneapolis Area
Muskogee Area
Navajo Area (3 conferences)
Portland Area
Sacramento Area

Reports on these conferences are included under Area headings.

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[1] Refer to map inside front cover.
[2] Refer to map on Page 230.

Recommendations for Action

National Indian Conference on Aging[1]
1976

SUBJECT: INCOME

Problem or Need	Recommendation for Action
1. *(a) The elderly Indian citizen should have an income which would permit him to live the rest of his life in health, decency, and dignity.	1. *(a) Because of the past relationships between the Federal Government, through the Bureau of Indian Affairs, and the indians, most of our people did not participate in retirement programs such as: company retirement plans, insurance plans, investing in income property and, in many cases, Social Security. Therefore, the sole source of income for many of the elderly is welfare and for those fortunate enough to reach 72, Social Security at the very minimum level. The elderly Indians must be permitted to work and earn income for as long as they want or are able. They should not be required to forfeit parts of other benefits when continuing to earn.
(b) The elderly Indian has never received due consideration for supportive services and minimum income.	*(b) That the elderly and middle-aged Indian should be assisted in obtaining job information, training, counseling, placement, and other assistance which would permit him to continue employment. These steps would enable him to qualify for an increased benefit when he becomes eligible to receive Social Security.
(c) Social Security benefits are too low.	(c) There should be jobs available on reservations, including part-time employment, through special funding so that elderly people can work towards Social Security benefits.
	(d) There should be outreach and referral services for the elderly for this purpose.
	*(e) That there be an equitable form of tax relief for the elderly Indian.
	*(f) That retirement plans be worked out in such a way that there is a guaranteed pension, that it be vested and with portability.
	*(g) That there be a Social Security "ALERT" to assure that all eligibles receive their entitlements.
	*(h) That a Federal policy be established which would state that judgment funds are not to be considered as assets or windfall, but rather the due allotment and recompense for misappropriated lands and rights. That this policy be binding to all State and local welfare agencies.

*Indicates statement or recommendation submitted at the 1971 White House Conference on Aging and reaffirmed at the 1976 National Indian Conference on Aging.

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[1] Following are summaries of recommendations made and resolutions adopted by conference participants in 5 general subject areas.

SUBJECT: INCOME

Problem or Need	Recommendation for Action
	(1) Judgment payments distributed to Indian tribes. (P. L. 92-254 and P. L. 93-134, effective October 10, 1973). (2) The tax-exempt portion of claims payment made to Alaska Natives. (P. L. 92-203, effective December 18, 1974). *(i) That State public assistance departments cease to press the elderly Indians to sell individual allotted lands on reservations to meet their own subsistence needs, in view of the Indians' desire to retain the tribal homeland intact for further use in accord with President Nixon's rejection of termination as a Federal policy. *(j) That Social Security benefits be extended all male and female elderly upon reaching the age of eligibility regardless of their participation during previous periods of employment. (k) Income limitations should be raised to keep pace with inflation; allow individuals to be employed and receive benefits to improve living conditions. (l) That separate funds be made available for the establishment of special manpower programs designed by and for elderly Indians. (m) That manpower programs be designed to retain the people on or near the homelands of the elderly Indian. *(n) That these manpower programs be adequately funded to meet the employment needs of the Indian aged.
2. (a) Many income problems of all Indians, but particularly those of Senior Citizens, are due to lack of knowledge and understanding of sources of funds and other assistance to alleviate hardship cases; this problem is intensified by isolation.	2. (a) A program should be established for the purpose of disseminating information on income maintenance e.g. Social Security, S.S.I., Veterans Benefits, General Assistance, private retirement programs and other income sources to the elderly through home visits (outreach) and offices on or near reservations.
(b) Elderly Indians often have language and cultural differences which make it difficult for them to converse with non-Indians.	(b) Workers employed for this purpose should be of Indian descent and, whenever possible, of Senior Citizen status.
(c) Most Indians hesitate to visit agencies staffed by non-Indians or young Indians who show impatience in dealing with the Elderly. (d) Many offices are miles away from residences of the elderly, making it difficult for them to get there.	
3. Certain agencies deduct income derived from the sale of arts and crafts (Example: General Assistance, Welfare Programs administered by local and state governments, Food Stamp program) Indians will be discouraged from continuing to perpetuate this talent unique to American Indians.	3. (a) Agencies using this method to reduce income should be prevailed upon to desist from such practice. (b) The first $2,500 of elderly Indians income should be disregarded in determining eligibility for social services.

*Indicates statement or recommendation submitted at the 1971 White House Conference on Aging and reaffirmed at the 1976 National Indian Conference on Aging.

SUBJECT: INCOME

Problem or Need	Recommendation for Action
4. The supplemental Security Income allocation of $157.70 a month is insufficient to maintain a household. Tribal Councils have set aside monies from their own resources to supplement the income of their senior citizens from S.S.I., but the Social Security Administration includes this in its formula for deductions to reduce individual recipients' S.S.I. As a result, the individual receives less gross income than he/she did before supplemental funds were made available by the respectivo tribal councils to S.S.I. recipients.	4. (a) The Social Security Administration should administer its S.S.I. program uniformly throughout all 50 states in accordance with (CM 12362) (20CFR-416. 1151) whereby supplemental benefits paid by state or local governments are excluded. (b) Extra benefits received by an individual under a general assistance program which counts S.S.I. as income and gives the individual the difference between his/her S.S.I. benefit and the G.A. standard should also be excluded. (c) The minimum age for S.S.I. benefits to Indians should be lowered.
5. (a) In some cases, the lack of marriage certificates causes difficulties in obtaining some benefits. In the case of separation from (Indian common law) spouse, financial assistance is cut off.	5. (a) Statutes recognizing Indian traditional marriages should be enforced. (b) Establish a system providing emergency funds for such cases.
6. An elderly Indian person residing off-reservation and requiring 24-hour care has to pay someone to live in out of a meager pension or other small income.	6. There should be a program to pay for the live-in help.
7. Illegal use of old age pensions and Social Security benefits by persons other than recipients (in rest homes, by relatives, etc.)	7. Establish safeguards and educate the elderly in their application.
8. Opportunities for gainful employment of the Indian elderly are extremely limited, especially in isolated reservation areas.	8. Establish emergency funds for temporary disability.
9. Indian tribes and organizations should be funded for the establishment of arts and crafts projects which would supply materials to the elderly and assist in marketing the finished products. This type of program would (a) Provide gainful employment, making use of existing skills. (b) Preserve traditional Indian crafts skills.	

SUBJECT: PERSONAL ENVIRONMENT

Nursing Homes and Alternatives	
1. *Nursing homes or sheltered care facilities are urgently needed by Indian people. However, due to present funding systems for such facilities, Indian people have very little chance to obtain these facilities. The following examples pinpoint some specific problem areas. *(a) Some states refuse to license nursing homes on reservations due to a question of jurisdiction and at the same time Federal funds will not be	1. *Federal funds should be made available directly to Indian tribes or organizations for the design, construction, and operation of these facilities on the local level.

*Indicates statement or recommendation submitted at the 1971 White House Conference on Aging and reaffirmed at the 1976 National Indian Conference on Aging.

SUBJECT: PERSONAL ENVIRONMENT

Problem or Need (continued)	Recommendation for Action (continued)
authorized unless the facility is licensed by the State. *(b) Hill-Burton Funds are only made available to States for these projects. The States in turn establish advisory groups which dictate the use of such funds. Most advisory groups are composed of urban non-Indians with little or no sympathy for Indian projects, thereby making nursing homes or sheltered care facilities almost impossible to obtain by Indian people.	
2. *Some elderly Indian people live alone and are too incapacitated to live in existing private dwellings regardless of whether the home is adequate and modernized. Existing nursing homes and related facilities have not taken into consideration the social and emotional needs of the Indian people.	2. *(a) That on-site paraprofessional service staff be made available to assist the elderly Indian. *(b) That sufficient funds be provided for adequate care for Indian individuals in custodial or nursing homes. *(c) A system of advocacy be established and maintained for elderly care.
*Indian Health Services are not governed by State regulations, and nursing homes or sheltered care facilities are similar in nature to Indian Health Service Hospitals.	3. *Indian nursing homes or sheltered care facilities on reservations should not have any State controls imposed on them, but Federal regulations should govern these facilities similar to the Indian Health Service Hospitals.
4. Many Indian elderly suffer emotional shock in nursing homes far from their familiar environment and integrated with patients from other ethnic groups. This often accelerates health problems and may lead to premature death due to a feeling of isolation from loved ones who are too far away to pay regular visits. (Aged Indians often state that they "want to die at home"!)	4. Nursing homes must be established on the individual reservations or at least in close proximity, staffed by Indians with a local cultural background.
5. Increasingly, more Indian elderly are being left alone in their homes without being fed or cared for and without access to emergency services.	5. A system of advocacy for elderly in need of special services must be established and maintained. (a) For those elderly persons who are well enough to remain in their own homes, homemaker services should be provided as follows: (1) shopping services (2) house cleaning (3) laundry (b) They should also be included in: (1) visits by home health aides (or Community Health Representatives) (2) congregate feeding programs or "Meals on Wheels" (3) escort service to medical and other services (4) reassurance and protection through contacts by tribal or project staff and regular (tribal) police patrols (5) telephone service where available
6. Mileage allowances for outreach staff are often insufficient to reach every home. Geographic distances and isolation on Indian reservations are frequently not understood in Washington.	6. Mileage allowances must be realistic in relation to actual distances which must be covered to provide comprehensive outreach.

*Indicates statement or recommendation submitted at the 1971 White House Conference on Aging and reaffirmed at the 1976 National Indian Conference on Aging.

SUBJECT: PERSONAL ENVIRONMENT

Problem or Need (continued)	Recommendation for Action (continued)
	7. Day Care Centers (including 24-hour care as needed) under the administration of Indian tribes or organizations must be made available and accessible to the Indian elderly in their local areas. 8. Multi-purpose Indian Senior Citizen Centers should be established in Indian communities and staffed to provide comprehensive services.

Housing	
1. *(a) A large percentage of elderly Indian people do not have sufficient income to cover housing and utility costs of existing programs along with the other necessities of life. (b) Indian elders on a fixed income (Social Security and Supplemental Security Income) can't meet rise in rents, and some have to pay back-rent for several years.	1. *That program policies governing housing not be restrictive but adaptable to the elderly housing needs and the financial condition of individual Indian people and, wherever necessary, no cost housing should be provided.
2. *Indian Senior Citizens have too little to say about the design, location, and construction of their homes and other types of living facilities.	2. *(a) That full local participation of elderly individuals and organizations be assured in the designing, location, and construction of elderly Indian Housing projects. *(b) That all organizations dealing with elderly Indian projects have adequate representation of elderly Indians on their decision-making boards. *(c) Changes in Indian housing policy should not be accomplished without consultation with Indian people. (d) Housing should be designed to preserve the Indian heritage and architecture.
3. *The allocation and actual application of funds for homes and other living facilities per year is not sufficient to meet the needs of the people. Lines of communication, coordination, and flow of existing funds are poor. There is need for direct funding to Indian groups.	3. *(a) Funds should be clearly identified for the elderly and should be made available in sufficient amounts to meet the housing needs of the elderly. (b) Indian tribes and organizations should be eligible for direct funding for housing projects from the national federal level. (c) The Congress of the United States is requested to establish an Indian Desk (staff group) composed of all Indian staff with adequate funding to directly distribute funds to all Indian tribes' elderly housing programs.
4. A HUD (Housing and Urban Development) requirement is that a person be at least 62 years old and in good health (able to care for himself) to qualify for a housing project.	4. The minimum age should be lowered; not too many Indian people can meet all the health requirements at that age.
5. Where Indian elderly people live in individual dwellings, they may suffer from ill health due to lack of heat, sanitation, safe or accessible water supply, poor condition of building.	5. Programs should be instituted to provide and maintain adequate and safe supplies of water, electricity and/or gas; home repair and maintenance should be provided on a regular basis, (including making homes structurally accessible to handicapped people).

*Indicates statement or recommendation submitted at the 1971 White House Conference on Aging and reaffirmed at the 1976 National Indian Conference on Aging.

SUBJECT: PERSONAL ENVIRONMENT

Problem or Need	Recommendation for Action
Transportation	
1. Transportation is a major area of need.	1. Transportation should get priority funding from the Office on Aging and other appropriate agencies.
2. *Because of the lack of transportation, the elderly American Indian cannot acquire those necessities which would assure him a normal and healthy life. This denies him the opportunity to obtain medical services, food, and clothing which are available to other citizens in the United States. In addition, poor road conditions, lack of communication systems, absence of public conveyances, and isolation compound the problem.	2. *Funds should be allocated to assure elderly American Indians of their transportation needs. One of the ways the problem could be alleviated is by providing the vehicles deemed necessary to overcome the existing conditions cited (above). However, each Indian tribe or organization should define its own transportation requirements to fit its respective needs.
	3. Transportation services to the Indian elderly should include the provision of escort service and mobile chair (wheelchair) service to enable them to have access to necessary services.

SUBJECT: LEGAL PROBLEMS

1. *The elderly Indian people are not normally provided with legal services, therefore many older Indians are taken advantage of because they are not familiar with legal matters.	1. *That legal services be made available to the elderly for the purposes of obtaining rights to Old Age Assistance, writing of wills, etc. These services should be made available in the local area rather than some far-removed large metropolitan area.
2. (a) Many elderly Indians confronted with non-Indian practices and non-tribal judicial and law enforcement systems are handicapped by ignorance of their rights, lack of understanding of the English language and of available support services.	2. Recommend that there be direct funding from the Law Enforcement Assistance Administration to Indian tribes and organizations for advocacy for the Indian elderly in the court systems, in corrections, and for programs which would provide the following: (a) Education (orientation) in: (1) Personal (civil) rights (2) When a lawyer is needed, how to engage a lawyer, what a lawyer should be expected to accomplish (3) Hiring and training of bi-lingual Indian Legal Aid staff, court interpreters, law enforcement personnel (4) Hiring and training Indian individuals to serve as ombudsmen (provide advocacy) for Indians in jail or in other encounters with law enforcement authorities. (5) Guardianship (trust) (6) Estate planning, wills, probate (7) Property rights (8) Rights relating to trust land (9) Credit (10) Taxes (11) Consumer fraud (12) Repossession (b) Legal Aid

*Indicates statement or recommendation submitted at the 1971 White House Conference on Aging and reaffirmed at the 1976 National Indian Conference on Aging.

SUBJECT: LEGAL PROBLEMS

Problem or Need	Recommendation for Action
(b) Many elderly Indian defendants in non-tribal courts have no access to defender services and routinely plead guilty due to lack of funds for such services.	
3. Elderly Indians living alone are often afraid of harassment or violence.	3. Protection (security) through regular (tribal police patrols or through special patrols established for that purpose.

SUBJECT: PHYSICAL WELL-BEING

Health	
1. The state of health of the Indian elderly and care for the diseases of the aged is a continuous concern and need; there have never been sufficient funds to meet the total health care needs of the elderly. Due to inadequate funding levels, health needs of the Indian elderly are often given the lowest priority.	1. (a) Emphasis must be placed on comprehensive services for the Indian elderly in response to their special needs; these services must be better coordinated. (b) Each Indian Health Service Area should develop and implement comprehensive programs of geriatric medical care, either through direct service or through contract services. (c) All health service resources should be made known to the elderly before they need care for acute or chronic conditions. This service information should be disseminated and coordinated by a public service agency or the Social Security Administration.
2. *Indian people generally suffer deplorable health conditions when compared with other races in this country. This situation is compounded for the elderly Indian people. These conditions are further aggravated by the lack of funds for dental prosthetics, hearing aids, eyeglasses, psychological services, etc.	2. *That all health facilities be immediately upgraded to meet the specific standards of the Joint Commission of Accreditation of Hospitals.
3. *(a) Medical services for elderly Indians are at best inadequate to meet their needs. Several reasons for the above are: insufficient staffing, inadequate health facilities, and seeming lack of concern by the Administration, which is in a position to determine funding levels, for Indian Health Services.	3. *(a) That sufficient funds be allocated to finance all aspects of health services so as to provide complete health coverage.
(b) The Indian Health Service needs increased funds for: Eye/hearing care Dental Care Care for chronic illnesses, e.g. arthritis, diabetes, cancer, etc. Preventive Care Follow-up Care Prosthetic devices	(b) The Indian Health Service should be eligible for third party reimbursement under Medicare/Medicaid/Health-Accident Insurance so that the patient can remain in the local Indian health facility.
4. *There is a lack of Indian professional medical staff to assist in upgrading medical services to elderly Indian people.	4. *(a) That educational grants be provided to encourage individual Indians who wish to pursue and complete professional health careers.

*Indicates statement or recommendation submitted at the 1971 White House Conference on Aging and reaffirmed at the 1976 National Indian Conference on Aging.

SUBJECT: PHYSICAL WELL-BEING

Problem or Need (continued)	Recommendation for Action (continued)
	(b) Continuous training for health career development must be emphasized. The director of the Indian Health Service should establish a chair of geriatric medicine in each Indian Medical Center.
5. There are apparent inconsistencies in eligibility criteria applied by the Indian Health Service in various parts of the country. In some areas, Indian people meeting all other criteria are no longer eligible after absence from their reservation for over a year.	5. (a) Eligibility criteria should be uniformly applied. (b) All United States Indians (and Alaska Natives) of ¼ or more degree of Indian blood should be issued I.D. cards by the Bureau of Indian Affairs, and a system should be established to enable them to receive free medical aid anywhere in the United States; this should include both reservation and urban Indians. (c) The elderly should be allowed to choose their physician.
6. Indian people of all ages have, in the past, become ill with influenza much more frequently than the non-Indian population of the United States. Indian children and Indian elderly suffer many complications, and many die as a result of influenza.	6. All Indian people should be offered the influenza vaccine developed for high risk persons because all Indian people are at high risk in this regard.
7. Urban Indians are often excluded from services by the Indian Health Service, both direct and contract services.	7. Support is expressed for the delivery of health services to Indians living in urban areas, for urban Indian health clinics and referral programs, and for services for special health needs.
8. Elderly Indian patients are often used as research subjects; there is usually no feedback on findings.	8. Elderly patients must be reassured and all procedures and diagnoses clearly explained to them.
9. Poor communication between Indian Health Service staff and patients; patients are often not informed of the significance of release documents signed for surgery; often there are religious conflicts (e.g. skin grafts in burn cases).	9. Interpreters must be made available to ensure elderly patients understand; medical staff must be trained in cultural sensitivities of patients; there is a need for a patient advocate (ombudsman) in hospitals.
10. Very high incidence of diabetes and arthritis among the Indian elderly.	10. Special funds should be made available for arthritis and diabetes prevention and treatment.
11. In cases where initial emergency medical services are provided at non-IHS hospitals and the patient is transferred later to an IHS facility, the family is not always notified of the transfer.	11. The patient's family should be notified when a patient is transferred to another medical facility.
12. Lack of transportation and/or inadequate roads hamper the Indian elderly's access to health services and other complementary services.	12. (a) IHS facilities must be constructed so as to be accessible to Indian communities; there should be clinics in isolated areas. (The Northwest (Portland Area) e.g., is the only Indian Health Service Area which has no Indian hospital.) (b) Transportation must be made available for both emergency and non-emergency medical care, including preventive medical care programs and nutrition programs. (c) Roads which must be traveled to reach health services must be improved and maintained.

*Indicates statement or recommendation submitted at the 1971 White House Conference on Aging and reaffirmed at the 1976 National Indian Conference on Aging.

SUBJECT: PHYSICAL WELL-BEING

Problem or Need (continued)	Recommendation for Action (continued)
Mental Health	
1. *The social, physical, and spiritual well-being is a very important aspect of the American Indian. There are no funds available to finance well-rounded social or culturally-oriented activities for elderly American Indians.	1. *That sufficient funds be allocated for the elderly American Indian to develop and assure the continuance of activities which he deems important to his physical, spiritual and cultural well-being. Such activities might include, but not be limited to: (a) Clubs, such as social, sewing, cooking, arts and crafts, recreation, and gardening. These promote good health and keep the elderly from becoming lonely and depressed. (b)In some cases, educational type sessions might be desirable to fulfill those activities selected by the elderly American Indian.
2. The elderly Indian has been neglected and is considered a valuable resource by Indian tribes which needs to be cultivated and utilized by Indian tribes. The Indian culture is dying; younger tribal members are becoming like the dominant society; grandchildren don't speak the tribal language; show no respect or concern for their elders. As a result, elderly often become lonely and depressed.	2. The Indian elderly must be helped to become a valued part of the Indian community again; Indian tribes and groups should receive funding to involve the elderly in programs encouraging the preservation of the tribal culture, e.g. teaching language and legends to students; teaching crafts.
3. Indian people from the same or similar tribal background are needed to work with Indian elders experiencing mental health problems; the values and behavior standards of the dominant culture as imposed by non-Indian counselors, social workers, and psychiatric staff often aggravate the problem and prevent its alleviation.	3. (a) Social services with Indian staff should be established on reservations. (b) Para-professionals of similar tribal background can be of more real help to their elderly than outsiders with higher professional credits and project staff criteria should be established accordingly.
4. Indian elderly people suffer emotional shock (isolation, language barrier) when removed from familiar environment to institutional shelter care.	4. Establish programs and train Indian staff to provide services enabling the elderly to remain in their homes or, if they need 24-hour care, provide live-in help. As a last resort, provide nursing homes on or near reservation.
5. Alcoholism is a problem for many Indian elderly.	5. Much greater emphasis must be placed on local alcoholism programs staffed with Indians and using traditional Indian methods to modify behavior (drinking habits).

Nutrition	
1. *Most older Indians are malnourished. This is the result of both an inadequate nutritional education program and lack of familiar and nutritional foods. Present Federal food programs are not designed to meet the nutritional needs of the elderly Indians.	1. *(a) The U.S. Department of Agriculture and Office of Economic Opportunity (or its successor) must assist Indian tribes in developing a food program utilizing existing programs such as: commodity foods, food stamps, supplemental food, emergency food and medical services to fit the particular nutritional needs of the elderly Indian people. (b) The U.S. Department of Agriculture should contract directly with Indian tribes for administration of the Food Stamp Program.

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SUBJECT: PHYSICAL WELL-BEING

Problem or Need (continued)	Recommendation for Action (continued)
	*(c) All Federal funds presently being allocated to existing nutritional education programs must be funded directly to Tribal groups or organizations to carry out the function of nutritional education to elderly Indians. *(d) That all nutritional programs be adequately funded to satisfy the nutritional needs of the elderly Indian.
2. Poor nutrition contributes to poor health and lower life expectancy.	2. (a) Nutrition programs should be extended from once a week to at least five times a week. (b) Nutrition programs should include social interaction among the elderly and coordination with other supportive services.
3. Many Indian elderly lack cash for purchase of food stamps; they don't keep records of expenses which are required for food stamp eligibility determination.	3. (a) There should be special exemptions or provisions for the Food Stamp Program for the elderly as many are unable to qualify because their income might be from \$.50 to \$3.00 over the eligibility limit. (b) Provision should be made to lower the price of food stamps for the Indian elderly and make eligibility criteria more flexible.
4. Many prefer surplus commodities because there is no cash payment required, but do not know how to use unfamiliar food items.	4. Training of recipients in the use of commodities should be provided.
5. (a) The Indian Health Service and the Bureau of Indian Affairs are shirking their responsibilities to the elderly in the area of nutrition. (b) Nutrition programs are not much use to persons without teeth!	5. (a) More emphasis should be placed by these agencies on nutrition-related services, including instruction in the preparation of special diet meals. (b) Programs for the elderly must be comprehensive and include coordination with other services.
6. Food prices, especially at trading posts in remote reservation areas, are too high, many Indian elderly have no access to shopping facilities in the cities.	6. Tribal cooperative food stores or mobile food cooperatives would answer this need. Tribes should receive funding for this purpose.
7. There are frequent occurrences of Indian people becoming ill from unaccustomed foods (e.g. milk, spinach) which are part of a prescribed nutrition program menu.	7. Nutrition programs should be flexible to incorporate traditional Indian foods and should be staffed with Indian personnel who are familiar and supportive of the respective Indian culture, can integrate the accustomed foods into the menus and design programs to meet local Indian needs.
8. There are not enough feeding programs to serve elderly Indian needs.	8. More feeding sites for Indian reservations; separate sites for Indians in urban areas (Indians want to be with other Indians).
9. Congregate feeding site requirements are unrealistic for some reservation and rural areas where Indian people live miles apart and have no transportation.	9. More flexible options to provide "Meals on Wheels".

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SUBJECT: LEGISLATION

Problem or Need	Recommendation for Action
1. Viable solutions must be found to the many and varied unmet needs of the Indian elderly. Legislation channeling funding for such services through the various states works against the best interests of the Indian people.	1. (a) Historically, Indian tribes and Nations have had a unique relationship with the government of the United States; the Congress of the United States is therefore petitioned to amend the Older Americans Act to provide direct funding of programs to serve Indian elders to Indian tribes, Inter-Tribal Organizations, Native Villages (Alaska), and Urban Indian organizations upon request of the respective Tribal Council and other Indian or Alaska Native governing body. (b) All enabling legislation should include specific language referring to federally recognized tribes and all other like tribes, Nations, etc. The words "Indian" and "Federally recognized Tribe" should be made a part of all grants to such tribes. (c) The Indian elderly should be involved in the design, formulation, and implementation of all programs, including the Older Americans Act, from which they could benefit. All regulations authorized under this legislation request should be submitted to the various Indian tribes for consideration and input into development of regulations.
2. (a) The Federal-Indian relationship and trust responsibility need to be continued and strengthened, which concept dictates the direct funding method for tribal jurisdictional areas. (b) Although the Federal Government has publicly declared its termination policy to be discontinued, insistence by a number of Federal Agencies, including the Administration on Aging, on Indian tribes working through State and local levels for program funding pursues the same policy.	2. *The United States must reassure our elderly citizens that the policy concerning termination is no longer a national policy.
3. (a) The various states have never demonstrated the ability to deliver services to the Indian population, nor have they ever demonstrated any affirmative direction to provide services. (b) Indian tribes are often excluded or assigned lowest priority by State and Area Agencies. The 1975 amendments to the Older Americans Act did not measurably improve the conditions for direct funding of Indian tribes.	3. *That sections 303 Part (a) and section 612 of the Older Americans Act of 1965, as amended November 1970, be revised so that Indian tribes no longer have to go through State agencies for funding. This is necessary because of the lack of sympathy by most States for their Indian population. All funds for older Indian programs should be funded directly to Indian tribes.
4. Most federal legislation concerned with funding programs which could benefit Indian people either completely omits direct funding provisions for Indian tribes or, as in the Older Americans Act of 1965, as amended, makes direct funding provisions so restrictive as to discourage attempts by tribes to obtain direct federal funding.	4. (a) A class action should be brought in Federal Court in behalf of federally-recognized Indian tribes which would make possible unrestrictive direct funding to tribes under the Older Americans Act and all other Federal legislation concerned with the funding of programs which could benefit Indian people. (b) (1) Federal services to maintain and improve the health of the American Indian aging are mandated by the Federal government's

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SUBJECT: LEGISLATION

Problem or Need (continued)	Recommendation for Action (continued)
	historical and unique legal relationship with and resulting responsibility to the American Indian aging. The Congress of the United States and the respective officials are urged to adopt the following position with regard to State Plans under the Older Americans Act: (2) State Agencies on Aging must include in their State Plans and proposals submitted for funding to the Federal Government a statement to the effect that they are not addressing the needs of the Indian elderly, thus making it possible for Indian tribes to receive direct funding, until such time as the necessary legislative amendments have been made.
5. (a) Most Indian tribes and organizations experience great difficulty in securing adequate funding through State Agencies on Aging to provide necessary services for their elders.	5. (a) An agency should be created at the national level to administer programs to serve the elderly Indian. *(b) That an adequately staffed and funded Indian desk similar to Indian desks in other Federal agencies be established in the Administration on Aging or its successor. This office would act as a central point for information and an advocate for the needs of the Indian elderly. (c) Establish an Indian Desk (staff group) in Washington which would specifically concern itself with all problems of the Indian aged, provide technical assistance, and coordinate with other human resource services, as well as directing all funds from the Federal Government directly to all Indian tribes, bands or organizations, regardless of their region or status and according to their individual needs. (d) The Administration on Aging should establish a system whereby Indian tribes receive continuous notification of available programs and other pertinent information relating to services to the elderly.
6. (a) Current funding levels are inadequate to serve actual needs. (b) Most Indian tribes and organizations lack adequate resources to fund services to the elderly themselves or to provide necessary matching funds for securing government funds.	6. *(a) That agencies serving elderly Indians increase funding levels to Indian tribes so as to adequately serve their needs. (b) There should be provisions for earmarked (set aside) allocations to Indian tribes and organizations, not requiring matching funds, specifically for services to the Indian elderly in all legislative acts affecting services to the elderly. (c) The Administration on Aging should make planning grants to Indian tribes to identify the particular needs of the elderly on each reservation.

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SUBJECT: LEGISLATION

	Recommendation for Action (continued)
7. Title III and Title VII programs of the Older Americans Act of 1965, as amended, restrict most Indian tribes and organizations because of the numerical language that would exclude tribes because of population criteria.	7. Appropriations by the Congress for Indian programs for services to the elderly shall be based on identified need rather than on any form of per capita basis.
8. One-year funding of projects is not sufficient to allow for full development of potential and leads to a built-in "failure factor".	8. The funding of all programs to serve Indian elders by the Administration on Aging or any other agency shall be for a minimum of five (5) years. Those programs which have demonstrated their effectiveness shall continue to be funded on an ongoing basis.
9. The criteria for the implementation of programs under the Older Americans Act are based on standard urban conditions and are not valid in Indian communities.	9. (a) Tribal statistical data should be considered a primary data source for programming data in lieu of the 1970 Census, which has proved to be inaccurate. (b) Tribal jurisdictional areas should be considered standard statistical areas where they are not now so considered. (c) The minimum age for eligibility for programs designed to serve the elderly should be lowered to 45 for the Indian elderly because of their lower life expectancy.
	10. *That a thorough and complete research program be developed to search, evaluate, and cause to be amended, existing laws and policies governing programs serving the elderly Indian.
	11. An update should be given to the national Indian community on the status of recommendations stemming from the 1971 White House Conference.
	12. The National Indian Planning Committee (on Aging) should be assigned as a permanent Task Force on Aging with direct HEW funding.
	13. The Congress of the United States and the respective federal officials should keep the National Tribal Chairmen's Association informed of the status of these requests.

*Indicates statement or recommendation submitted at the 1971 White House Conference on Aging and reaffirmed at the 1976 National Indian Conference on Aging.

PROJECT RESULTS

Among results or products of the Project were:

1. Formation of a permanent National Indian Task Force on Aging, incorporated as the National Indian Council on Aging (NICOA).
2. Establishment and maintenance of continuous communications between the Council and the Administration on Aging and other agencies and organizations capable of providing supportive services to the Indian elderly
3. A conference report listing i.a.
   a. Problems and unmet needs
   b. Recommendations for future or remedial action, including proposed legislative changes.

The National Indian Council on Aging, upon its establishment, assumed the functions of the National Planning Committee for the Project. As anticipated, the membership of the National Planning Committee was absorbed into the new national body.

Establishment and maintenance of continuous communication and cooperation between representatives of the National Indian Council on Aging and the Administration on Aging, as well as with representatives of other agencies capable of providing supportive services, was a product expected as a definite result of the conference. This should lead to more extensive utilization of available resources, both human and material.

The first conference (summary) report, issued in late 1976, summarized the conference proceedings and listed concrete statements of problems, unmet needs, suggestions or recommendations for further action.

Copies of the report were furnished to all conference participants, the National Network on Aging, the NTCA Executive Board and Area representatives, and all Indian tribes, Alaska Native communities, and major urban and national Indian organizations. In addition, it has been furnished on request to many interested agencies, organizations, and individuals, including the Congressional Committees on Aging, the Library of Congress, and the National Archives.

An overall result of the conference was expected to be the generation of greater sensitivity to the needs of the American Indian elderly, combined with a continuous, ongoing effort to meet these needs through cooperative action of service providers and client representatives.

The National Indian Council on Aging now acts in the role of client representative. Whether greater sensitivity to the needs of the American Indian elderly is being generated, only time will tell.

IMPLICATIONS

Put in simple terms, the implications arising from the findings of the first National Indian Conference on Aging Project are:

1. The Indian elderly, with few exceptions, are not receiving all service benefits for which they are eligible.
2. The present national service provider system is not meeting the needs of this constituency.
3. Criteria, policies, regulations, and administrative guidelines governing service provision lack the flexibility to meet the special needs of this constituency.
4. Funding levels, where funds are allocated at all, are generally inadequate.
5. Personnel in decision making and in most direct client contact positions lack sensitivity to the culturally-based needs of the Indian elderly.
6. Tribal governments are subject to discrimination by laws, regulations, or policies denying them the right, as units of general purpose local government, to serve as prime sponsors and administrators of programs for which their elderly constituencies are eligible.
7. Federally recognized Indian tribes are discriminated against by laws, policies, or regulations denying them a status equal to or higher than the states, to which they are entitled by reason of their legal status as quasi-sovereign domestic nations. This denies them access to direct funding from the national federal level for such programs as those funded under the Older Americans Act, the Social Security Act (e.g., Title XX), etc., for which the states are prime sponsors.

These problems must be resolved. The most important implication for national policy and program administration lies in the area of sensitivity—sensitivity to the special relationship between the Federal Government and the federally recognized Indian tribes and the concurrent service commitments, as well as to the special and unique service needs of the Indian elderly which are aggravated by extreme poverty, geographic and cultural isolation, poor health, and lack of access to support services. Coupled with this sensitivity must be the sincere desire to work for alleviation of these conditions through a coordinated, cooperative effort of all appropriate levels of the Congress and the service provider agencies.

FOLLOW-UP

The application for funding of a three-year project by the Administration on Aging was approved and, as of September 29, 1976, the National Indian Council on Aging (NICOA) began consistent follow-up on all Conference recommendations, first from a temporary location in Phoenix, Arizona. The Council's national headquarters office was established in Albuquerque, New Mexico, in January of 1977. Juana Lyon, while continuing to function as Project Coordinator of the National Indian Conference on Aging, was named Executive Director of the National Indian Council on Aging. James Bluestone was appointed as Administrative Assistant. The full membership of the National Indian Council on Aging currently consists of thirty-nine Indian and Alaska Native individuals, of whom twelve constitute the Board of Directors, which spans twelve different geographic areas coinciding with the twelve Areas of the National Tribal Chairmen's Association and the Bureau of Indian Affairs. (See map on P. 235.)

The overall purpose of the National Indian Council on Aging is to provide advocacy for the Indian and Alaska Native elderly. As its specific objective, the Council has set itself the task to bring about the remedial action recommended at the National Indian Conference on Aging. A detailed overview of these recommendations is included on P. 7 of this report.

The National Indian Council on Aging will pursue four basic avenues to accomplish its objectives:

1. Encouragement of legislative amendments where required to bring about the remedial action recommended;
2. Communication and cooperation with service provider agencies which can make the necessary changes within the scope of their current administrative guidelines;
3. Dissemination of information to the Indian community on available supportive resources and, where necessary,
4. Intercession with the appropriate agencies to provide access to these resources.

At the same time, the National Indian Council on Aging promotes the flow of information to and from the national Indian community through its newsletter, through the local activities of its members, and by holding its quarterly Council and Board meetings in different geographic locations in the United States. Representatives of service provider agencies are generally invited to attend these meetings and to present an overview of the services they can offer.

PROGRESS REPORT

Since its inception, the Council has established and maintained cooperative relationships with a number of federal agencies. In addition to the Administration on Aging and the National Network on Aging, the Council works closely with the Indian Health Service and the Bureau of Indian Affairs. The latter is providing a substantial in-kind contribution of office space, equipment, and telephone service to the Council. As other specific agencies capable of the remedial actions recommended are identified, they are contacted, and a working relationship is established.

Remedial action to serve the needs of the Indian elderly is not entirely contingent upon increased allocations of funds, although in a number of program areas this will undoubtedly be the case. A very important part of the total follow-up effort will consist of better coordination of the programs of a number of agencies and better utilization of available resources. (There are, e.g., many Indian elders who are unaware of their eligibility for certain Social Security or Veterans benefits.) Conversely, there may be federal, state, or local agencies which, for one reason or another, have not assumed responsibility for serving the eligible Indian segment of their target populations.

During its first project year, NICOA held monthly Board meetings and quarterly meetings of the full Council in varying locations throughout the United States, ranging from Florida to Alaska. Invitations to these meetings went out to representatives of Indian tribes and organizations as well as to federal and state service provider agencies, who were requested to provide overviews of the services extended to the Indian elderly in their area.

In many instances, these meetings presented Indian elders with their first opportunity to meet with staff of agencies mandated to serve them. In a number of states, these meetings resulted in greater sensitivity to the needs of the Indian elderly, evidenced by inclusion of Indians in Advisory Councils on Aging, increased funding for Indian tribes or communities, or continuation of the dialogue established at the meetings.

Amendments to the Older Americans Act making its provisions more relevant to the national Indian elderly community had been high on the list of priorities established at the National Indian Conference on Aging. NICOA followed through by establishing close working relationships with the Senate Special Committee on Aging, chaired by Senator Frank Church, and with the House Select Committee on Aging, chaired by Congressman Claude Pepper.

In its report, *Developments in Aging: 1976* (Part 1) which is excerpted in the Appendix, and its report on a hearing on the Nation's Rural Elderly held in Denver, Colorado, on March 23, 1977, the Senate Special Committee on Aging gave prominence to NICOA's effort to improve services to the Indian elderly. The entire Summary Report on the National Indian Conference on Aging was included in the record of the Denver hearing, along with the testimony of the NICOA Executive Director.

In rapid succession, NICOA was invited to provide input into national legislation affecting the elderly, the President's reorganization effort, welfare reform, meetings with the Secretary and Assistant Secretary (OHD) of the Department of Health, Education, and Welfare, the Commissioner on Aging, the activities of national organizations serving the aging, Congressional hearings, and a hearing of the U.S. Commission on Civil Rights on age discrimination.

On May 5, 1977, the Administration on Aging issued Information Memorandum 77-52 to the National Aging Network, announcing the establishment of the National Indian Council on Aging and transmitting the Summary Report on the National Indian Conference on Aging. (See P. 117.) This was followed on May 26, 1977, by Program Instruction 77-21 relating to the implementation of Section 303(b)(3) of the Older Americans Act as amended (Services to Older Indian Tribal Members). (See P. 118.)

The Program Instruction mandated each state having an Indian tribe within its boundary to develop an Action Plan for Serving Elderly Indians and to submit it as part of the State Plan for each fiscal year. According to this

Program Instruction, the Action Plan must provide assurances, found satisfactory to the Commissioner on Aging, that the elderly members of each tribe in the state will receive a level of services under Title III which will provide benefits equivalent to those to be received by all non-Indian elderly individuals in the state.

As the only organization actively working nationwide for the Indian and Alaska Native elderly, NICOA soon became inundated with requests for information and technical assistance from Indian tribes and organizations attempting to develop or improve services to their elderly constituencies. It became apparent that the two professional staff persons in the Albuquerque headquarters office could not provide the assistance needed on a national scope. A number of proposals were developed to fulfill this need and to follow through on the Conference recommendations to establish an "Indian desk" in the Administration on Aging and to bring about amendments to the Older Americans Act which would establish more appropriate criteria for serving the Indian elderly.

Following the determination by the Administration on Aging that it could not establish an in-house Civil Service position whose incumbent would occupy the "Indian desk" recommended, the NICOA proposal to establish the position of Indian Liaison Specialist on its staff and locate the incumbent in Washington, D.C., was funded and the position established as of July 25, 1977. The primary function of the Indian Liaison Specialist is to assist and advise the Commissioner on Aging in matters affecting the Indian elderly. In addition, he establishes and maintains close working relationships with Congressional Committees and with national organizations and service provider agencies working in the field of Aging and in related fields.

In order to document the need for change or greater flexibility in some of the general criteria established for programs funded under the Older Americans Act, the National Indian Council on Aging proposed to research conditions affecting the Indian elderly which make such changes necessary. Some of these are: lower life expectancy, physical deterioration at an earlier age than non-Indians (due to exposure to a harsher environment), geographic isolation, exclusion from services for whatever reasons, cultural factors, including monolingualism. Lack of state jurisdiction on almost all federally recognized Indian reservations and the attitude on the part of many states that Indians are a federal responsibility add to the either total or partial exclusion of the Indian elderly from support services funded under the Older Americans Act, although there are a few notable exceptions. E.g., the States of New York (see P. 139), Montana, Washington, and Utah have established Indian Area Agencies on Aging.

In late September of 1977, the National Indian Council on Aging was informed that its proposal to conduct the necessary research would probably be funded, although with a reduced budget. The proposal submitted for funding of the 1978 National Indian Conference on Aging was approved, as was the grant award for Project Year 2 of the 3-year Model Project for general Council operations.

At the same time, NICOA was informed that its proposal to begin building the capacity of tribal and Indian organization staffs to identify and utilize funding sources and develop aging programs in their areas was disapproved by the Administration on Aging. This setback will seriously reduce the anticipated capability of NICOA to provide training and technical assistance in Indian communities and to motivate Indian students to enter gerontology related careers.

Not only at the 1976 National Indian Conference on Aging, but in many expressions from representatives of Indian communities nationwide, the urgent need to work for direct funding from the federal level to the governments of Indian tribes and Alaska Native Corporations continued to be stated. This method is provided in legislation governing other federal programs, e.g. Title IV of the Public Works and Economic Development Act of 1965 (EDA), the State and Local Fiscal Assistance Act of 1972 (General Revenue Sharing), the Comprehensive Employment and Training Act of 1973, the Housing and Community Development Act of 1974 (Community Block Grants), etc.

The National Indian Council on Aging developed a draft of legislation entitled the "Older American Indians Relief Act" which would, in effect, amend the Older Americans Act so as to provide Indian tribes, Alaska Native entities and tribal organizations the option to receive funding for Older Americans Act programs directly from the federal level out of an Indian set-aside, bypassing the State Agencies on Aging. The draft bill also provides for the establishment of a permanent "Indian desk" staff group in the Administration on Aging, comparable to those in other federal agencies, and for the acceptance of tribal statistics, verified by an agency of the Federal Government, such as the Bureau of Indian Affairs, as the base for funding allocations, rather than 1970 U.S. Census figures. This provision was necessitated by the extensive undercount of the Indian population in the 1970 Census and the resultant drastic inadequacy of funds allocated to serve the Indian elderly.

CONCLUSION

The National Indian Conference on Aging held June 15-17, 1976, in Phoenix, Arizona, was the first of its kind. There were many expressions of gratitude to the National Tribal Chairmen's Association for its leadership role in serving as the catalyst for this historic gathering of the Indian elders and to Dr. Arthur S. Flemming, Commissioner on Aging, for his wholehearted support, both financially and philosophically, of the first National Indian Conference on Aging. (Refer to Page 77 for an overview of Conference evaluations.)

As part of their evaluation of the conference, participants overwhelmingly expressed the hope that there would be other, similar national conferences in the future to ensure the continuity of nationwide Indian involvement. The members of the National Indian Council on Aging consider it premature to hold a follow-up conference before 1978 since the conditions requiring remedial action call for concentrated efforts over a period of several years. Council members feel confident that, by 1978, they will be able to report progress in many areas of services to the Indian elderly.

A number of facts about conference participants emerged very early in the proceedings. There was generally expressed appreciation of the fact that, for the first time in the history of Indian conferences, individual Indian elders had the opportunity to express publicly *their* views on their problems, instead of being a captive audience for numbers of professional speakers.

The seriousness with which the Indian elders approached their participation could serve as a model to any group of conference participants. They demonstrated that they had given a great deal of thought to the subjects discussed and, in many cases, came prepared with resolutions and recommendations which had been developed at meetings of the elderly in individual Indian communities.

Another realization which emerged very clearly from the conference was the fact that the Indian elders, who once occupied the place of honor in the Indian society, are worthy of regaining that stature in full measure. Under the pressures of the surrounding non-Indian society, the younger Indian generation has gradually begun to adopt an attitude of neglect and disrespect of its elders, never giving thought to the fact that, as President Wendell Chino of the National Tribal Chairmen's Association pointed out, the Indian elders are the guardians and the repository of that cultural tradition which makes the Indian people unique.

In addition to the tangible improvements in services to the Indian elderly which will be the objectives of the National Indian Council on Aging, renewed recognition of the value of the Indian elders to the Indian community is a goal which will be pursued at the same time.

Several years ago, a visiting politician addressed a group of elders on an Indian reservation. In rebuttal of an opponent's statement that Indians did not pay taxes and should, therefore, not be eligible for state services, he recited a long list of Indian contributions to American life and culture: medicine extracted from native plants, foods first prepared by Indians, sports originating in the New World, the basis of the Constitution in the articles of the Iroquois Confederacy, etc. One white-haired Indian raised his hand. "Senator," he said quietly, "you forgot one thing: we contributed the country!"

We have confidence in the sense of justice of the American people who realize that every service provided for an American Indian was contracted and paid for with Indian lives and Indian land.

The aging Indian, who has seen his way of life change from the stone age to the nuclear age in two or three generations, is bewildered by the outside influences which try to force him into an unfamiliar mold. We believe that the Indian elder has the right to live out his life in the comfort of his familiar environment and according to his own cultural traditions. We believe that his fellow Americans will give him that opportunity by recognizing the right of tribal governments to administer aging programs for their constituencies, based on locally determined needs and criteria.

The National Tribal Chairmen's Association takes pride in having provided a national forum for the Indian elderly as an expression of its respect for the Indian traditions and its abiding faith in the continuity of the Indian heritage preserved by these elders. We hope that the expression of their unmet needs will lead to fulfillment of their modest wishes and that they will be able to live out their lives with dignity and freedom from want.

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Highlights of Conference Background, Planning, Implementation, and Evaluation

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1971 White House Conference on Aging
Special Concerns Session
on
The Elderly Indian

The Special Concerns Session on The Elderly Indian was requested by the National Congress of American Indians. The Navajo Tribal Council, the National Council on Indian Opportunity, the American Indian Movement, and the National Tribal Chairmen's Association accepted invitations to participate in planning this Session. Federal agencies that named representatives to the Planning Committee were: the Departments of Health, Education, and Welfare, Housing and Urban Development, and Interior; the Office of Economic Opportunity, and the Senate Special Committee on Aging.

Because of the desperate economic plight of the American Indian and because there exists a unique relationship between the Indians and the Federal Government, it was felt that this Special Concerns Session would be important if the Conference were to address itself to the needs of all segments of the older population. The recommendations presented can be an important component in our national policy on aging.

THE PARTICIPANTS

Eighty-two Delegates preregistered for the Session on The Elderly Indian but they were joined by other Delegates, observers, and invited guests, so that the estimations of space had to be considerably altered and additional facilities made available. Only official Delegates were permitted to vote on recommendations although the discussion of the recommendations was open to all who were present.

The majority of those Delegates who chose to attend this Session were themselves American Indians. They were from several different Indian Nations including Apache, Blackfoot, Cherokee, Choctaw, Comanche, Iroquois, Makah, Mohave, Navajo, Pueblo, Seminole, Sioux, Ute, and others. The Alaskan Federation of Natives, the Iroquois Confederation, the Inter-Tribal Council of California, the Association on American Indian Affairs, the National American Indian Women's Association, the National Indian Physicians' Association, the Dallas American Indian Center, and the National Indian Law Students' Association were some of the organizations that sent representatives to the Session.

Many of the Delegates who attended this Session had participated in one or more of the regional conferences on The Elderly Indian (conferences were held for the Northwest, the Southwest, and the Southeast), and many of these Delegates were acquainted with the comprehensive report of the Indian Advisory Council to the Senate Special Committee on Aging. In short, many of these delegates came to this Session with a well grounded understanding of the scope of the problems to be discussed and specific suggestions about needed changes in national policy on aging and The Elderly Indian.

THE PROGRAM

In order to provide for maximum in-depth attention to several important areas of concern for elderly Indians, the small work group format was employed as an important part of the program. The Session was, essentially, divided into three parts. The opening part was organizational and was to serve as a very brief orientation to the Delegates' role for the Session. During the second part of the meeting, the Delegates were divided into five work groups which were asked to discuss and develop recommendations within the topical area assigned to their group. The five groups dealt with (1) Housing and Related Facilities, (2) Legal Problems of the Elderly Indian, (3) Special Health Problems of the Elderly Indian, (4) Spiritual Well-Being and Recreation, and (5) Income (including Employment, Retirement, Education, and Training).

THE SESSION REPORT

INTRODUCTION

The American Indian and Alaskan Native Delegates (hereafter referred to as American Indian) to this White House Conference on Aging, November 28—December 2, 1971, appreciate the opportunity we have been given to participate in developing a national strategy in coping with problems of the aging. Our elderly citizens face similar problems to those of other Americans. However, due to the unique relationships between our people and the Federal Government, we also have unique problems. The Indian Delegates to this Conference support those issues and recommendations which will ultimately benefit all older Americans.

The Indian Delegates have outlined five general areas where immediate action must be taken:

1. The United States must reassure our elderly citizens that the policy concerning termination is no longer a national policy.
2. That an adequately staffed and funded Indian desk similar to Indian desks in other Federal agencies be established in the Administration on Aging or its successor. This office would act as a central point for information and an advocate for

the needs of the Indian elderly.

3. That sections 303 Part (a) and section 612 of the Older Americans Act of 1965, as amended November 1970, be revised so that Indian tribes no longer have to go through State agencies for funding. This is necessary because of the lack of sympathy by most States for their Indian population. All funds for older Indian programs should be funded directly to Indian tribes.
4. That agencies serving elderly Indians increase funding levels to Indian tribes so as to adequately serve their needs.
5. That a thorough and complete research program be developed to search, evaluate, and cause to be amended, existing laws and policies governing programs serving the elderly Indian.

RECOMMENDATIONS

The Indian Delegates also identified the following issues and have made the following recommendations.

Income

Issue: The elderly Indian citizen should have an income which would permit him to live the rest of his life in health, decency, and dignity.

Recommendations

1. Because of the past relationships between the Federal Government, through the Bureau of Indian Affairs, and the Indians, most of our people did not participate in retirement programs such as: company retirement plans, insurance plans, investing in income property and, in many cases, Social Security. Therefore, the sole source of income for many of the elderly is welfare and for those fortunate enough to reach 72, Social Security at the very minimum level. The elderly Indians must be permitted to work and earn income for as long as they want or are able. They should not be required to forfeit parts of other benefits when continuing to earn.

2. That the elderly and middle-aged Indian should be assisted in obtaining job information, training, counseling, placement, and other assistance which would permit him to continue employment. These steps would enable him to qualify for an increased benefit when he becomes eligible to receive Social Security.

3. That there be an equitable form of tax relief for the elderly Indian.

4. That retirement plans be worked out in such a way that there is a guaranteed pension, that it be vested and with portability.

5. That there be a Social Security "ALERT" to assure that all eligibles receive their entitlements.

6. That a Federal policy be established which would state that judgment funds are not to be considered as assets or windfall, but rather the due allotment and recompense for misappropriated lands and rights. That this policy be binding to all State and local welfare agencies.

7. That State public assistance departments cease to press the elderly Indian to sell individual allotted lands on reservations to meet their own subsistence needs, in view of the Indians' desire to retain the tribal homeland intact for further use in accord with President Nixon's rejection of termination as a Federal policy.

8. That Social Security benefits be extended to all male and female elderly upon reaching the age of eligibility regardless of their participation during previous periods of employment.

9. That separate funds be made available for the establishment of special manpower programs designed by and for elderly Indians.

10. That manpower programs be designed to retain the people on or near the homelands of the elderly Indian.

11. That these manpower programs be adequately funded to meet the employment needs of the Indian aged.

Housing

Issue 1: A large percentage of elderly Indian people do not have sufficient income to cover housing and utility costs of existing programs along with the other necessities of life.

Recommendation

That program policies governing housing not be restrictive but adaptable to the elderly housing needs and the financial condition of the individual Indian people, and wherever necessary, no cost housing should be provided.

Issue 2: Some elderly Indian people live alone and are too incapacitated to live in existing private dwellings regardless of whether the home is adequate and modernized. Existing nursing homes and related facilities have not taken into consideration the social and emotional needs of the Indian people.

Recommendations

1. That on-site paraprofessional service staff be made available to assist the elderly Indian.

2. That sufficient funds be provided for adequate care for Indian individuals in custodial or nursing homes.

3. A system of advocacy be established and maintained for elderly care.

Issue 3: Indian Senior Citizens have too little to say about the design, location, and construction of their homes and other types of living facilities.

Recommendation

That full local participation of elderly individuals and organizations be assured in the designing, location, and construction of elderly Indian Housing projects.

Issue 4: The allocation and actual application of funds for homes and other living facilities per year is not sufficient to meet the needs of the people. Lines of communication, coordination, and flow of existing funds are poor. There is need for direct funding to Indian groups.

Recommendations

1. Funds should be clearly identified for the elderly and should be made available in sufficient amounts to meet the housing needs of the elderly.

2. That all organizations dealing with elderly Indian projects have adequate representation of elderly Indians on their decision-making boards.

3. Changes in Indian housing policy should not be accomplished without consultation with the Indian people.

Legal

Issue: The elderly Indian people are not normally provided with legal services, therefore, many older Indians are taken advantage of because they are not familiar with legal matters.

Recommendation

That legal services be made available to the elderly for the purposes of obtaining rights to Old Age Assistance, writing of wills, etc. These services should be made available in the local area rather than some far removed large metropolitan area.

Nutrition

Issue: Most older Indians are malnourished. This is the result of both an inadequate nutritional education program and lack of familiar and nutritional foods. Present Federal food programs are not designed to meet the nutritional needs of the elderly Indians.

Recommendations

1. The U.S. Department of Agriculture and Office of Economic Opportunity must assist Indian tribes in developing a food program utilizing existing programs such as: commodity foods, food stamps, supplemental food, emergency food, and medical services to fit the particular nutritional needs of the elderly Indian people.

2. All Federal funds presently being allocated to existing nutritional education programs must be funded directly to Tribal groups or organizations to carry out the function of nutritional education to elderly Indians.

3. That all nutritional programs be adequately funded to satisfy the nutritional needs of the elderly Indian.

Nursing Homes

Issue 1: Nursing homes or sheltered care facilities are urgently needed by Indian people. However, due to present funding systems for such facilities, Indian people have very little chance to obtain these facilities. The following examples pinpoint some specific problem areas.

(a) Some States refuse to license nursing homes on reservations due to a question of jurisdiction and at the same time Federal funds will not be authorized unless the facility is licensed by the State.

(b) Hill-Burton Funds are only made available to States for these projects. The States in turn establish advisory groups which dictate the use of such funds. Most advisory groups are composed of urban non-Indians with little or no sympathy for Indian projects, thereby making nursing homes or sheltered care facilities almost impossible to obtain by Indian people.

Issue 2: Indian Health Services are not governed by State regulations, and nursing homes or sheltered care facilities are similar in nature to Indian Health Service hospitals.

Recommendations

1. Federal funds should be made available directly to Indian tribes or organizations for the design, construction, and operation of these facilities on the local level.

2. Indian nursing homes or sheltered care facilities on reservations should not have any State controls imposed on them, but Federal regulations should govern these facilities similar to the Indian Health Service Hospitals.

Transportation

Issue 1: Because of the lack of transportation, the elderly American Indian cannot acquire those necessities which would assure him a normal and healthy life. This denies him the opportunity to obtain medical services, food, and clothing which are available to other citizens in the United States. In addition, poor road conditions, lack of communication systems, absence of public conveyances, and isolation compound the problem.

Recommendation

Funds should be allocated to assure elderly American Indians of their transportation needs. One of the ways the problem could be alleviated is by providing the vehicles deemed necessary to overcome the existing conditions cited above. However, each Indian tribe or organization should define its own transportation requirements to fit its respective needs.

Education, Physical and Spiritual Well-Being

Issue 1: The social, physical, and spiritual well-being is a very important aspect of the American Indian. There are no funds available to finance well-rounded social or culturally-oriented activities for elderly American Indians.

Recommendation

That sufficient funds be allocated for the elderly American Indian to develop and assure the continuance of activities which he deems important to his physical, spiritual and cultural well-being. Such activities might include, but not be limited to:

(a) Clubs, such as social, sewing, cooking, arts and crafts, recreation, and gardening. These promote good health and keep the elderly from becoming lonely and depressed.

(b) In some cases, educational type sessions might be desirable to fulfill those activities selected by the elderly American Indian.

Health

Issue 1: Indian people generally suffer deplorable health conditions when compared with other races in this country. This situation is compounded for the elderly Indian people. These conditions are further aggravated by the lack of funds for dental prosthetics, hearing aids, eyeglasses, psychological services, etc.

Issue 2: Medical services for elderly Indians are at best inadequate to meet their needs. Several reasons for the above are: insufficient staffing, inadequate health facilities, and seeming lack of concern by the Administration, which is in a position to determine funding levels, for Indian Health Services.

Issue 3: There is a lack of Indian professional medical staff to assist in upgrading medical services to elderly Indian people.

Recommendations

1. That all health facilities be immediately upgraded to meet the specific standards of the Joint Commission of Accreditation of Hospitals.
2. That sufficient funds be allocated to finance all aspects of health services so as to provide complete health coverage.
3. That educational grants be provided to encourage individual Indians who wish to pursue and complete professional health careers.

ROSTER OF PLANNING COMMITTEE

NONGOVERNMENT

Frell Owl (Chairman), Former Chairman of the Planning Board for the Eastern Band of Cherokee Indians; Member, National Planning Committee of the White House Conference on Aging, Cherokee, North Carolina

Henry Garnenez, Department Head, Department of Animal Husbandry, Navajo Community College, Window Rock, Arizona

Richard LaCourse, Reporter, National Congress of American Indians, Washington, D.C.

Ronald Moore, Assistant Director, Arizona Affiliated Tribes, Inc., Phoenix, Arizona

Rodger Sandoval, Member, Indian Advisory Council to the Senate Special Committee on Aging, Washington, D.C.

GOVERNMENT

Clare Jerdone, Principal Child Welfare Specialist, Division of Social Services, Bureau of Indian Affairs, Department of the Interior, Washington, D.C.

Reeves Nahwooksy, Special Assistant, Office of the Assistant Secretary for Equal Opportunity, Department of Housing and Urban Development, Washington, D.C.

Mary Steers, Chief of Categories Payment and Eligibility Branch, Assistance Payments Administration, Social and Rehabilitation Service, Department of Health, Education and Welfare, Washington, D.C.

Frank M. Stewart, Technical Staff Assistant, White House Conference on Aging, Washington, D.C.

Benjamin Yamagata, Staff Member, Senate Special Committee on Aging, Washington, D.C.

National Indian Conference on Aging—1976

Phoenix Area Planning Committee

Name	**Representing**
Syble Askenette	Nevada Inter-Tribal Council
Llewellyn Barrackman	Ft. Mojave Tribal Council (Arizona/California)
Joe Braswell	Native American Elders United
Larry Curley	Pima Council on Aging (Tucson, Arizona)
Louva Dahozy	Navajo Tribe (Arizona/New Mexico/Utah)
Randy Durant	Gila River Indian Community (Arizona)
Dee Etnire	Hopi Tribe (Arizona)
Ted Evans	Navajo Tribe (Arizona/New Mexico/Utah)
Gus Greymountain	Arizona Inter-Tribal Council
Ben Hayui	BIA Social Services Phoenix Area Office
Robert Holmes	Ute Tribe (Utah)
Dolores Honga	Hualapai Tribe (Arizona)
Barbara Johnson	Salt River Indian Community (Arizona)
Ben Kill	Ft. McDowell Indian Community (Arizona)
Lida L. Lomavitu	Colorado River Indian Tribes (Arizona)
Martha Lomayesva	San Carlos Apache Tribe (Arizona)
Nelson Lupe, Sr.	White Mountain Apache Tribe (Arizona)
Juana Lyon	Project Coordinator
Tony Machukay	Arizona Commission of Indian Affairs
Orlando J. Manuel	Gila River Indian Community (Arizona)
Rita Means	Native Americans for Community Action, Inc. (Flagstaff, Arizona)
Alice S. Norris	Papago Tribe (Arizona)
Arlene Perry	Native American Senior Citizens Center (Phoenix, Arizona)
Celena Perry	San Carlos Apache Tribe (Arizona)
Diane Porter	Metropolitan Phoenix Indian Coalition
Ella G. Rumley	Tucson Indian Center (Tucson, Arizona)
Larry Sanderson	Bureau on Aging (Arizona)
Rodger H. Sandoval	Navajo Tribe (Arizona/New Mexico/Utah)
Sophie Thompson	Navajo Tribe (Arizona/New Mexico/Utah)
Harrington Turner	Camp Verde Yavapai-Apache Tribe (Arizona)
Claudio Villalobos	BIA-Gila River Agency (Phoenix Area)
Pauline Vincent	Ak-Chin Indian Community (Arizona)

National Indian Council on Aging
National Planning Committee Members

NAME	TRIBAL AFFILIATION	REPRESENTING
Joseph F. Abeyta	Santa Clara Pueblo	Albuquerque Area
Syble Askenette	Hoopa	Phoenix Area (Nevada)
Ramona Azure	Assiniboine	Billings Area (Montana)
Cecelia Blanchard	Kickapoo Tribe of Oklahoma	Anadarko Area (Western Oklahoma and Kansas)
Wendell Chino	Mescalero Apache	National Tribal Chairmen's Association (President)
Madeline Colliflower	Gros Ventre	Billings Area (Montana)
Robert E. Holmes	Ottawa	Phoenix Area (Utah)
Larry Curley	Navajo	Phoenix Area (Arizona)
Joseph De La Cruz	Quinault	Portland Area (Washington)
Lorena L. Dixon	Luiseno Pauma	Sacramento Area (Southern California)
George Effman	Klamath	Sacramento Area (California Bay Area)
Sophie Thompson	Navajo	Navajo Area
Clarence Francis	Penobscot	New England Area
Josephine Goodwin	Chippewa	Minneapolis Area (Minnesota)
Jennie Guillen	Chumash	Sacramento Area (California Urban Areas)
Allan Jemison	Seneca	Central Area (New York)
Anna John	Oneida	Minneapolis Area (Wisconsin)
George P. LaVatta	Shoshone-Bannock	Portland Area (Oregon Urban Areas)
Sherman Lillard	Eastern Cherokee	Central Area (North Carolina)
Don Mabray	Cherokee of Oklahoma	Muskogee Area
Alvina Mofsie	Winnebago	Central Area (New York Urban Areas)
Cecelia Montgomery	Oglala Sioux	Aberdeen Area (South Dakota Urban Areas)

NATIONAL PLANNING COMMITTEE MEMBERS (continued)

NAME	TRIBAL AFFILIATION	REPRESENTING
Theda M. Olson	Cheyenne River Sioux	Aberdeen Area (South Dakota)
Arlene Perry	Papago-Pima	Phoenix Area (Arizona Urban Areas)
Rev. Bob Pinezaddleby	Kiowa	Anadarko Area (Oklahoma Urban Areas)
Winifred S. Tiger	Eastern Cherokee	Central Area (Florida)
Adeline Wanatee	Sac & Fox of the Mississippi	Minneapolis Area (Iowa)
Pearl Warren	Makah	Portland Area (Washington Urban Areas)
Chauncina White Horse	Oglala Sioux	Minneapolis Area (Illinois Urban Areas)

NEW TASK FORCE MEMBERS ELECTED JUNE 17, 1976

Llewellyn Barrackman	Mohave	Phoenix Area (Arizona)
Claude Devers	Pauma	Sacramento Area (Southern California)
Jess J. Stevens	San Carlos Apache	Phoenix Area (Arizona)
Leonard Tomaskin	Yakima	Portland Area (Washington)
Cecil Williams	Papago	Phoenix Area (Arizona)

Robert E. Holmes (Ottawa, Utah), Member, National Indian Council on Aging, representing the Ute Indian Tribe.

National Indian Council on Aging—1978

Members of the National Indian Council on Aging and their tribal affiliation: (back row—left to right): Sherman Lillard, Secretary (Eastern Cherokee), John Carlile (Cherokee of Oklahoma), Joseph F. Abeyta, Sr. (Santa Clara Pueblo), Jess J. Stevens (San Carlos Apache), Bob Pinezaddleby, Vice-Chairman (Kiowa), Lawrence Birdsbill (Hidatsa-Mandan), Walter Moffett (Nez Perce); (third row) Anna John (Oneida), Robert Holmes (Ottawa), Ramona Azure (Assiniboine), Syble Askenette (Hoopa), Carrie Preston (Alternate—Choctaw), Chauncina White Horse (Oglala Sioux), Alvina Mofsie (Winnebago), Cecelia Montgomery (Oglala Sioux), Josephine Goodwin (Chippewa); (second row) Pearl Warren (Makah), Bette Scott (Winnebago), Eunice Baumann-Nelson (Penobscot), Juanita Espinosa (Chumash); (front row) Winifred Tiger (Eastern Cherokee), Madeline Colliflower, Treasurer (Gros Ventre of Montana), George P. LaVatta (Shoshone-Bannock), Cecelia Blanchard (Kickapoo of Oklahoma), Adeline Wanatee (Sac & Fox of the Mississippi), Arlene Naquayouma (Papago-Pima), Sophie D. Thompson (Navajo), Violet Booth (Tsimpshean), Louva Dahozy (Navajo). Not shown are George Effman, Chairman (Klamath), Alexander Ami (Hopi), Claude Devers (Pauma), Lorena Dixon (Luiseño Pauma), Ruby Garcia (Southern Ute), Victor Haldane (Haida), Allan Jemison (Seneca), Mary Jessepe (Prairie Band Potowatomi), Narcissus Gayton (Mescalero Apache), Tonya Parker (Choctaw), Leonard Tomaskin (Yakima), Cecil Williams (Papago), and Wendell Chino, Honorary Chairman (Mescalero Apache).

National Indian Conference on Aging
sponsored by
National Tribal Chairmen's Association

March 1976

TO: The Indian and Alaskan Native Community
of the United States

FROM: National Indian Conference on Aging
Project Coordinator

SUBJECT: Community Input into National Indian Conference on Aging

The National Tribal Chairmen's Association is sponsoring the first National Indian Conference on Aging in Phoenix, Arizona, from June 15-17, 1976.

To assist us in planning an agenda of interest and benefit to the American Indian and Alaskan Native elderly, please complete this questionnaire or have it completed by interested Indian or Alaskan Native people in your tribe or community and return it to us as soon as possible. (Please, feel free to make copies of this form for use by additional individuals.)

Are you an American Indian or Alaskan Native? ( )yes ( )no

Are you ( )over 45 ( )over 55 ( )over 65 (please check one)

What do you think some of the needs or problems of the Indian or Alaskan Native elderly are? (Please list as many answers as you wish)

Are these needs now being taken care of in your area? ( )yes ( )no

If yes, by whom? (Mark one or more)

( ) Tribe
( ) Bureau of Indian Affairs
( ) State Agency (Please state agency name)
( ) Church Program (Please state name)
( ) Indian Center or Organization in urban area (Please state name)
( ) Other (Please state name)

If the needs of the elderly are not being taken care of in your area, who should administer this type of program? (Please mark one or a combination of answers)

( ) Tribe
( ) Bureau of Indian Affairs
( ) State Agency
( ) City Agency
( ) Church
( ) Indian Center or Organization
( ) Other (Please describe)

What information should be provided at the National Indian Conference on Aging? (Please mark as many answers as you wish)

Available programs in my area ( )
Funding sources for programs for the Elderly ( )
Technical assistance sources for programs for the Elderly ( )
Supportive service sources for programs for the Elderly ( )

(Please mark area(s) of interest, relating to support services below)

( ) Transportation
( ) Legal Aid
( ) Homemaker Services
( ) Other (please describe)
( ) Health Services
( ) Day Care Services
( ) Shopping Services

Other subjects you would like to have discussed:

Do you want to receive more information on the National Indian Conference on Aging? ( )yes ( )no

If you answer is "yes", please list your address below:

Name: ______________________________

Mailing address: ______________________________

Telephone number: Area Code ( ) - ( ) - ( )

Are you interested in attending the National Indian Conference on Aging? ( )yes ( )no

Additional remarks:

Please mail completed form to:

National Indian Conference on Aging
P.O. Box 7007
Phoenix, Arizona 85011

Our telephone number is: 602-261-4935

(Responses to this questionnaire are tabulated on the following 15 pages)

Aberdeen Area
Responses to Questionnaire Requesting Indications of Unmet Needs and Priorities

LOCATION	Respondent Status			Legislation					Income Maintenance									Housing-Transportation														Legal Aid								Health Services																				
					Communications																																																							
	Federally Recognized	State Recognized	Off Reservation	Direct Funding	Better communications-Elderly & Agencies	Information-Available Services Resources	Information - Program Funding Resources	Information-Technical & Supportive Resources	Income Maintenance (Gen. Assistance, etc.)	Funding-Supplement Food-Clothing-Commodities	Food Stamps	I.D. & Elderly Discount Cards	Social Security/SSI	Misuse of Social Security Checks	Employment	Education/Training	Age Discrimination in Employment	Housing	Home Maintenance	Sanitation	Yard Work	Chopping Wood	Hauling Water	Sr. Citizen Centers	Nursing Homes on Reservation	Day Care	Homemaker Services	Shopping Services	Laundry Services	Housecleaning Services	Transportation	Legal Aid	Wills-Probate	Realty—Lease Monies	Guardianship	Ombudsman in Jail	Police Protection - Security	Interpreters	Consumer Protection	Health Services	Hospital in Area	Eye Glasses-Hearing Aids	Dental Care	Home Health Care - Nurse & Doctor Visits	Ombudsman Off Reservation Nursing Home	Emergency Ambulance Service	Personal Hygiene	Tick Control	Nutrition	Meals on Wheels	Mental Health	Emotional Problems-Loneliness	Spiritual Needs	Contribution of Elderly to Preservation of Culture - Arts & Crafts	Recreation	Alcoholism & Drug Abuse	Social Services	Guidance Clinic	(Pre-) Retirement Counseling	Other
NEBRASKA																																																												
Macy			X	X				X																		X			X			X									X																				
Winnebago			X	X		X		X											X									X	X			X									X									X								X			
Winnebago			X				X																																																						
Winnebago			X	X		X	X	X																	X			X	X																										X						
Winnebago			X																													X																									X				
Winnebago	X			X		X	X	X																					X			X																													
NORTH DAKOTA																																																												
Ft. Berthold	X			X		X	X	X	X																X		X		X			X																		X						X					
St. Michaels	X			X	X	X	X	X										X										X				X	X								X									X											
Fargo			X																						X																												X	X	X						
SOUTH DAKOTA																																																												
CAP			X			X	X	X										X										X		X		X	X								X									X											

Albuquerque Area

Responses to Questionnaire Requesting Indications of Unmet Needs and Priorities

LOCATION	Respondent Status			Legislation					Income Maintenance									Housing-Transportation														Legal Aid								Health Services																				
					Communications																																																							
	Federally Recognized	State Recognized	Off Reservation	Direct Funding	Better communications-Elderly & Agencies	Information-Available Service Resources	Information - Program Funding Resources	Information-Technical & Supportive Resources	Income Maintenance (Gen. Assistance, etc.)	Funding-Supplement Food-Clothing-Commodities	Food Stamps	I.D. & Elderly Discount Cards	Social Security/SSI	Misuse of Social Security Checks	Employment	Education/Training	Age Discrimination in Employment	Housing	Home Maintenance	Sanitation	Yard Work	Chopping Wood	Hauling Water	Sr. Citizen Centers	Nursing Homes on Reservation	Day Care	Homemaker Services	Shopping Services	Laundry Services	Housecleaning Services	Transportation	Legal Aid	Wills-Probate	Realty — Lease Monies	Guardianship	Ombudsman in Jail	Police Protection - Security	Interpreters	Consumer Protection	Health Services	Hospital in Area	Eye Glasses-Hearing Aids	Dental Care	Home Health Care - Nurse & Doctor Visits	Ombudsman Off Reservation Nursing Home	Emergency Ambulance Service	Personal Hygiene	Tick Control	Nutrition	Meals on Wheels	Mental Health	Emotional Problems-Loneliness	Spiritual Needs	Contribution of Elderly to Preservation of Culture - Arts & Crafts	Recreation	Alcoholism & Drug Abuse	Social Services	Guidance Clinic	(Pre-) Retirement Counseling	Other
NEW MEXICO																																																												
Laguna	X							X																							X	X								X																				
All Indian Pueblo Council	X			X	X	X	X	X																X		X	X	X			X																		X					X						
Isleta	X			X		X	X	X	X									X							X		X	X			X	X								X									X						X					
Acoma	X			X	X	X	X	X	X																	X	X	X			X	X								X			X																	
Santa Clara	X					X	X	X																	X	X	X	X	X	X	X	X								X										X		X								
Albuquerque			X																					X			X				X	X								X																				
COLORADO																																																												
Ute Mountain	X		X	X																							X	X			X																													

Anadarko Area
Responses to Questionnaire Requesting Indications of Unmet Needs and Priorities

LOCATION	Respondent Status			Legislation					Income Maintenance								
	Federally Recognized	State Recognized	Off Reservation	Direct Funding	Communications: Better communications-Elderly & Agencies	Communications: Information-Available Services Resources	Communications: Information - Program Funding Resources	Communications: Information-Technical & Supportive Resources	Income Maintenance (Gen. Assistance, etc.)	Funding-Supplement Food-Clothing-Commodities	Food Stamps	I.D. & Elderly Discount Cards	Social Security/SSI	Misuse of Social Security Checks	Employment	Education/Training	Age Discrimination in Employment
KANSAS																	
Kickapoo	X			X				X									
OKLAHOMA																	
OIO			X			X	X	X									

LOCATION	Housing-Transportation														Legal Aid							
	Housing	Home Maintenance	Sanitation	Yard Work	Chopping Wood	Hauling Water	Sr. Citizen Centers	Nursing Homes on Reservation	Day Care	Homemaker Services	Shopping Services	Laundry Services	Housecleaning Services	Transportation	Legal Aid	Wills-Probate	Realty — Lease Monies	Guardianship	Ombudsman in Jail	Police Protection - Security	Interpreters	Consumer Protection
KANSAS																						
Kickapoo								X	X					X	X							
OKLAHOMA																						
OIO										X	X			X	X							

LOCATION	Health Services																				
	Health Services	Hospital in Area	Eye Glasses-Hearing Aids	Dental Care	Home Health Care - Nurse & Doctor Visits	Ombudsman Off Reservation Nursing Home	Emergency Ambulance Service	Personal Hygiene	Tick Control	Nutrition	Meals on Wheels	Mental Health	Emotional Problems-Loneliness	Spiritual Needs	Contribution of Elderly to Preservation of Culture - Arts & Crafts	Recreation	Alcoholism & Drug Abuse	Social Services	Guidance Clinic	(Pre-) Retirement Counseling	Other
KANSAS																					
Kickapoo	X																				
OKLAHOMA																					
OIO																					

Central Area
Responses to Questionnaire Requesting Indications of Unmet Needs and Priorities

LOCATION	Respondent Status			Legislation					Income Maintenance									Housing-Transportation														Legal Aid								Health Services																				
					Communications																																																						
	Federally Recognized	State Recognized	Off Reservation	Direct Funding	Better communications-Elderly & Agencies	Information-Available Service Resources	Information - Program Funding Resources	Information-Technical & Supportive Resources	Income Maintenance (Gen. Assistance, etc.)	Funding-Supplement Food-Clothing-Commodities	Food Stamps	I.D. & Elderly Discount Cards	Social Security/SSI	Misuse of Social Security Checks	Employment	Education/Training	Age Discrimination in Employment	Housing	Home Maintenance	Sanitation	Yard Work	Chopping Wood	Hauling Water	Sr. Citizen Centers	Nursing Homes on Reservation	Day Care	Homemaker Services	Shopping Services	Laundry Services	Housecleaning Services	Transportation	Legal Aid	Wills-Probate	Realty — Lease Monies	Guardianship	Ombudsman in Jail	Police Protection - Security	Interpreters	Consumer Protection	Health Services	Hospital in Area	Eye Glasses-Hearing Aids	Dental Care	Home Health Care - Nurse & Doctor Visits	Ombudsman Off Reservation Nursing Home	Emergency Ambulance Service	Personal Hygiene	Tick Control	Nutrition	Meals on Wheels	Mental Health	Emotional Problems-Loneliness	Spiritual Needs	Contribution of Elderly to Preservation of Culture - Arts & Crafts	Recreation	Alcoholism & Drug Abuse	Social Services	Guidance Clinic	(Pre-) Retirement Counseling	Other
MASSACHUSETTS																																																												
Hassamanisco		X				X		X		X								X								X	X	X			X	X								X									X											
MAINE																																																												
Passamaquoddy		X		X		X	X	X										X									X	X			X	X								X											X				X					
RHODE ISLAND																																																												
Narragansett		X		X	X	X	X	X	X									X								X	X	X			X	X								X			X																	
TEXAS																																																												
Dallas			X	X		X		X																			X				X	X								X																				
CONNECTICUT																																																												
Waterford			X	X		X	X	X										X									X	X			X	X								X			X																	
Paugusset		X		X		X	X	X																			X					X								X																				
ILLINOIS																																																												
Chicago			X	X		X	X	X										X						X		X	X	X			X	X								X																				

Juneau Area

Responses to Questionnaire Requesting Indications of Unmet Needs and Priorities

LOCATION	Respondent Status			Legislation					Income Maintenance								
					Communications												
ALASKA	Federally Recognized	State Recognized	Off Reservation	Direct Funding	Better communications-Elderly & Agencies	Information-Available Services Resources	Information - Program Funding Resources	Information-Technical & Supportive Resources	Income Maintenance (Gen. Assistance, etc.)	Funding-Supplement Food-Clothing-Commodities	Food Stamps	I.D. & Elderly Discount Cards	Social Security/SSI	Misuse of Social Security Checks	Employment	Education/Training	Age Discrimination in Employment
Fairbanks			X	X	X	X	X	X							X		
Metlakatla	X			X		X	X	X									
Metlakatla	X			X				X									
Metlakatla	X								X						X		
Metlakatla	X																
Metlakatla	X			X			X	X									
Metlakatla	X																
Metlakatla	X			X				X									
Metlakatla	X																
Metlakatla	X																
Metlakatla	X			X				X									
Metlakatla	X			X			X	X									
Metlakatla	X			X			X	X									
Metlakatla	X			X	X			X									

LOCATION	Housing-Transportation														Legal Aid							
ALASKA	Housing	Home Maintenance	Sanitation	Yard Work	Chopping Wood	Hauling Water	Sr. Citizen Centers	Nursing Homes on Reservation	Day Care	Homemaker Services	Shopping Services	Laundry Services	Housecleaning Services	Transportation	Legal Aid	Wills-Probate	Realty — Lease Monies	Guardianship	Ombudsman in Jail	Police Protection - Security	Interpreters	Consumer Protection
Fairbanks	X						X	X	X	X	X	X	X	X	X						X	
Metlakatla							X		X	X												
Metlakatla	X							X	X		X			X	X							
Metlakatla									X		X			X	X							
Metlakatla														X								
Metlakatla									X	X					X							
Metlakatla														X								
Metlakatla		X								X					X							
Metlakatla														X								
Metlakatla										X	X			X	X							
Metlakatla											X			X							X	
Metlakatla										X				X								
Metlakatla										X				X								
Metlakatla											X			X							X	

LOCATION	Health Services																				
ALASKA	Health Services	Hospital in Area	Eye Glasses-Hearing Aids	Dental Care	Home Health Care - Nurse & Doctor Visits	Ombudsman Off Reservation Nursing Home	Emergency Ambulance Service	Personal Hygiene	Tick Control	Nutrition	Meals on Wheels	Mental Health	Emotional Problems-Loneliness	Spiritual Needs	Contribution of Elderly to Preservation of Culture - Arts & Crafts	Recreation	Alcoholism & Drug Abuse	Social Services	Guidance Clinic	(Pre-) Retirement Counseling	Other
Fairbanks	X				X										X	X					
Metlakatla	X				X										X	X						
Metlakatla																					
Metlakatla	X																				
Metlakatla																					
Metlakatla													Full-time Doctor								
Metlakatla																					
Metlakatla	X																				
Metlakatla	X																				
Metlakatla	X	X																			
Metlakatla	X	X	X	X																	
Metlakatla	X																				
Metlakatla	X												Full-time Doctor								
Metlakatla	X	X																			

Minneapolis Area

Responses to Questionnaire Requesting Indications of Unmet Needs and Priorities

LOCATION	Respondent Status			Legislation					Income Maintenance									Housing-Transportation														Legal Aid								Health Services																				
					Communications																																																							
	Federally Recognized	State Recognized	Off Reservation	Direct Funding	Better communications-Elderly & Agencies	Information-Available Service Resources	Information - Program Funding Resources	Information-Technical & Supportive Resources	Income Maintenance (Gen. Assistance, etc.)	Funding-Supplement Food-Clothing-Commodities	Food Stamps	I.D. & Elderly Discount Cards	Social Security/SSI	Misuse of Social Security Checks	Employment	Education/Training	Age Discrimination in Employment	Housing	Home Maintenance	Sanitation	Yard Work	Chopping Wood	Hauling Water	Sr. Citizen Centers	Nursing Homes on Reservation	Day Care	Homemaker Services	Shopping Services	Laundry Services	Housecleaning Services	Transportation	Legal Aid	Wills-Probate	Realty — Lease Monies	Guardianship	Ombudsman in Jail	Police Protection - Security	Interpreters	Consumer Protection	Health Services	Hospital in Area	Eye Glasses-Hearing Aids	Dental Care	Home Health Care - Nurse & Doctor Visits	Ombudsman Off Reservation Nursing Home	Emergency Ambulance Service	Personal Hygiene	Tick Control	Nutrition	Meals on Wheels	Mental Health	Emotional Problems-Loneliness	Spiritual Needs	Contribution of Elderly to Preservation of Culture - Arts & Crafts	Recreation	Alcoholism & Drug Abuse	Social Services	Guidance Clinic	(Pre-) Retirement Counseling	[illegible]
IOWA																																																												
Sac & Fox – Mesquakie	X			X		X	X	X	X									X	X	X			X				X				X	X								X									X			X								
MICHIGAN																																																												
Grand Rapids			X	X		X	X	X																	X	X	X	X			X	X								X	X											X								
Watervleit			X	X				X	X									X										X			X	X								X									X											
MINNESOTA																																																												
Granite Falls			X	X				X							X										X		X				X	X																												
Grand Portage			X	X		X	X	X																			X	X			X									X																				
Minneapolis			X	X		X	X	X																	X						X									X																				X
WISCONSIN																																																												
Oneida	X			X															X		X	X	X	X		X	X	X	X	X	X	X								X							X			X		See below - 1 and 2								X
Lac Courte – Oreilles	X			X		X	X	X	X									X							X		X	X			X												See Below - 2									X			X					
Crandon			X	X		X	X	X																		X		X			X									X			See Below - 2																	
Lac Courte – Oreilles	X			X			X	X																			X				X																													
Oneida	X			X		X	X	X											X							X	X	X	X	X	X	X								X				X					X			See Below - 1								
Stockbridge – Munsee	X			X		X	X	X																							X	X								X																				
Oneida	X					X	X	X											X							X	X	X		X	X	X								X				X					X						X					

1 - Health Clinic
2 - Telephones for Elderly

Muskogee Area
Responses to Questionnaire Requesting Indications of Unmet Needs and Priorities

LOCATION	Respondent Status			Legislation					Income Maintenance									Housing-Transportation														Legal Aid								Health Services																				
					Communications																																																							
OKLAHOMA	Federally Recognized	State Recognized	Off Reservation	Direct Funding	Better communications-Elderly & Agencies	Information-Available Service Resources	Information - Program Funding Resources	Information-Technical & Supportive Resources	Income Maintenance (Gen. Assistance, etc.)	Funding-Supplement Food-Clothing-Commodities	Food Stamps	I.D. & Elderly Discount Cards	Social Security/SSI	Misuse of Social Security Checks	Employment	Education/Training	Age Discrimination in Employment	Housing	Home Maintenance	Sanitation	Yard Work	Chopping Wood	Hauling Water	Sr. Citizen Centers	Nursing Homes on Reservation	Day Care	Homemaker Services	Shopping Services	Laundry Services	Housecleaning Services	Transportation	Legal Aid	Wills-Probate	Realty — Lease Monies	Guardianship	Ombudsman in Jail	Police Protection - Security	Interpreters	Consumer Protection	Health Services	Hospital in Area	Eye Glasses-Hearing Aids	Dental Care	Home Health Care - Nurse & Doctor Visits	Ombudsman Off Reservation Nursing Home	Emergency Ambulance Service	Personal Hygiene	Tick Control	Nutrition	Meals on Wheels	Mental Health	Emotional Problems-Loneliness	Spiritual Needs	Contribution of Elderly to Preservation of Culture - Arts & Crafts	Recreation	Alcoholism & Drug Abuse	Social Services	Guidance Clinic	(Pre-) Retirement Counseling	Other
Creek	X			X		X	X	X																X		X	X	X				X																													
Creek	X																														X	X																													
Creek	X			X			X	X																		X				X											X	X																	
Creek	X			X				X										X									X				X									X																				
Creek	X			X		X		X										X									X	X			X	X								X											X									
Creek	X					X																								X									X																X				
Creek	X					X	X	X																		X				X									X		X	X						X											
Creek	X					X												X													X	X								X						X														
Creek	X			X		X		X										X													X	X								X																X				
Creek	X																										X			X									X																				
Creek	X						X																				X			X	X																											
Creek	X																										X			X	X																											
Creek	X																													X	X								X																				
Creek	X			X			X	X										X	X									X			X									X			X																	
Creek	X																							X	X																	X																	
Creek	X			X			X	X																X						X																													
Creek	X			X			X	X	X									X	X						X						X									X																				
Creek	X			X		X		X											X								X				X									X																				
Creek	X			X		X		X										X									X				X									X																				
Creek	X					X	X																		X	X	X	X												X			X																	
Creek	X			X		X	X																		X	X	X	X												X			X																	
Creek	X			X			X	X																						X																													
Creek	X			X		X	X	X															X		X	X	X			X	X								X																				
Creek	X																													X	X								X																				
Creek	X			X			X																				X			X	X										X	X																	
Creek	X					X		X																						X	X								X						X														
Creek	X					X																																	X																				
Creek	X			X		X	X																				X			X	X								X																				
Creek	X					X																								X	X								X						X														
Creek	X			X		X	X	X																	X	X	X			X	X								X	X	X																		
Creek	X			X				X																		X	X			X									X																				
Creek	X					X		X																						X																													

Muskogee Area (Continued)
Responses to Questionnaire Requesting Indications of Unmet Needs and Priorities

LOCATION	Respondent Status			Legislation					Income Maintenance									Housing-Transportation														Legal Aid								Health Services																				
					Communications																																																							
OKLAHOMA	Federally Recognized	State Recognized	Off Reservation	Direct Funding	Better communications-Elderly & Agencies	Information-Available Service Resources	Information - Program Funding Resources	Information-Technical & Supportive Resources	Income Maintenance (Gen. Assistance, etc.)	Funding-Supplement Food-Clothing-Commodities	Food Stamps	I.D. & Elderly Discount Cards	Social Security/SSI	Misuse of Social Security Checks	Employment	Education/Training	Age Discrimination in Employment	Housing	Home Maintenance	Sanitation	Yard Work	Chopping Wood	Hauling Water	Sr. Citizen Centers	Nursing Homes on Reservation	Day Care	Homemaker Services	Shopping Services	Laundry Services	Housecleaning Services	Transportation	Legal Aid	Wills-Probate	Realty — Lease Monies	Guardianship	Ombudsman in Jail	Police Protection - Security	Interpreters	Consumer Protection	Health Services	Hospital in Area	Eye Glasses-Hearing Aids	Dental Care	Home Health Care - Nurse & Doctor Visits	Ombudsman Off Reservation Nursing Home	Emergency Ambulance Service	Personal Hygiene	Tick Control	Nutrition	Meals on Wheels	Mental Health	Emotional Problems-Loneliness	Spiritual Needs	Contribution of Elderly to Preservation of Culture - Arts & Crafts	Recreation	Alcoholism & Drug Abuse	Social Services	Guidance Clinic	(Pre-) Retirement Counseling	Other
Creek	X																										X	X		X																														
Creek	X			X			X		X																			X			X																													
Creek	X			X		X	X	X																			X				X									X					We need everything															
Creek	X			X		X	X	X																X		X	X	X			X	X								X															X					
Creek	X				X				X									X		X						X	X	X			X	X	X					X		X									X											
Sepulpa			X	X		X	X	X																X			X				X	X		Assistance with legal papers and Income tax applications																										
The 5 Civilized Tribes Foundation, Inc.	X			X		X	X	X																				X			X	X								X																				

Phoenix Area
Responses to Questionnaire Requesting Indications of Unmet Needs and Priorities

LOCATION	Respondent Status			Legislation					Income Maintenance									Housing-Transportation														Legal Aid								Health Services																				
					Communications																																																								
ARIZONA	Federally Recognized	State Recognized	Off Reservation	Direct Funding	Better communications-Elderly & Agencies	Information-Available Service Resources	Information - Program Funding Resources	Information-Technical & Supportive Resources	Income Maintenance (Gen. Assistance, etc.)	Funding-Supplement Food-Clothing-Commodities	Food Stamps	I.D. & Elderly Discount Cards	Social Security/SSI	Misuse of Social Security Checks	Employment	Education/Training	Age Discrimination in Employment	Housing	Home Maintenance	Sanitation	Yard Work	Chopping Wood	Hauling Water	Sr. Citizen Centers	Nursing Homes on Reservation	Day Care	Homemaker Services	Shopping Services	Laundry Services	Housecleaning Services	Transportation	Legal Aid	Wills-Probate	Realty — Lease Monies	Guardianship	Ombudsman in Jail	Police Protection - Security	Interpreters	Consumer Protection	Health Services	Hospital in Area	Eye Glasses-Hearing Aids	Dental Care	Home Health Care - Nurse & Doctor Visits	Ombudsman Off Reservation Nursing Home	Emergency Ambulance Service	Personal Hygiene	Tick Control	Nutrition	Meals on Wheels	Mental Health	Emotional Problems-Loneliness	Spiritual Needs	Contribution of Elderly to Preservation of Culture - Arts & Crafts	Recreation	Alcoholism & Drug Abuse	Social Services	Guidance Clinic	(Pre-) Retirement Counseling	Other
Colorado River	X			X																					X		X				X	X																							X					
Colorado River	X																								X	X	X	X			X	X																												
Colorado River	X																																																											
Colorado River	X																										X	X			X	X																												
Colorado River	X			X												X											X	X			X	X								X															X					
Gila River	X			X																												X								X																				
Gila River	X			X														X									X	X			X	X																												
Gila River	X			X	X													X									X	X			X													X																
Gila River	X			X														X		X								X			X													X																
Gila River	X			X					X																																												X							
Gila River	X			X														X			X						X	X			X	X								X									X											
Gila River	X			X																X	X						X	X			X									X				Visits from CHR																
Gila River	X																										X	X			X	X								X																				
Gila River	X			X														X								X	X	X			X	X								X		X																		
Gila River	X			X																	X																			X				X																
Gila River	X			X																	X						X													X				X																
Gila River	X			X														X		X							X					X								X				X																
Gila River	X																	X								X	X	X			X	X								X									X											
Gila River	X			X																							X	X			X	X								X												X								
Gila River	X			X														X								X	X	X			X	X								X									X						X					
Gila River	X																											X			X				X																									
Gila River	X			X												X			X	X								X												X		X																		
Gila River	X			X																						X	X	X			X	X								X																				
Gila River	X			X					X																		X	X				X								X																				
Gila River	X																									X	X	X			X	X								X																				
Gila River	X			X												X			X	X							X	X		X	X									X																				
Gila River	X			X														X	X	X						X	X	X		X	X	X								X				X																
Gila River	X			X														X		X				X		X		X												X												X			X					
Gila River	X			X														X		X				X		X		X												X												X								
Gila River	X																									X					X	X																												
Gila River	X																										X				X						X																							

Phoenix Area (Continued)
Responses to Questionnaire Requesting Indications of Unmet Needs and Priorities

LOCATION	Respondent Status			Legislation					Income Maintenance									Housing-Transportation														Legal Aid								Health Services																				
					Communications																																																						
ARIZONA	Federally Recognized	State Recognized	Off Reservation	Direct Funding	Better communications-Elderly & Agencies	Information-Available Service Resources	Information - Program Funding Resources	Information-Technical & Supportive Resources	Income Maintenance (Gen. Assistance, etc.)	Funding-Supplement Food-Clothing-Commodities	Food Stamps	I.D. & Elderly Discount Cards	Social Security/SSI	Misuse of Social Security Checks	Employment	Education/Training	Age Discrimination in Employment	Housing	Home Maintenance	Sanitation	Yard Work	Chopping Wood	Hauling Water	Sr. Citizen Centers	Nursing Homes on Reservation	Day Care	Homemaker Services	Shopping Services	Laundry Services	Housecleaning Services	Transportation	Legal Aid	Wills-Probate	Realty—Lease Monies	Guardianship	Ombudsman in Jail	Police Protection - Security	Interpreters	Consumer Protection	Health Services	Hospital in Area	Eye Glasses-Hearing Aids	Dental Care	Home Health Care - Nurse & Doctor Visits	Ombudsman Off Reservation Nursing Home	Emergency Ambulance Service	Personal Hygiene	Tick Control	Nutrition	Meals on Wheels	Mental Health	Emotional Problems-Loneliness	Spiritual Needs	Contribution of Elderly to Preservation of Culture - Arts & Crafts	Recreation	Alcoholism & Drug Abuse	Social Services	Guidance Clinic	(Pre-) Retirement Counseling	Other
Gila River	X																										X			X	X	X					X																							
Gila River											X								X								X	X			X	X								X																				
Gila River	X			X							X								X								X	X			X	X								X																				
Gila River	X			X							X							X	X								X	X			X	X								X																				
Gila River	X			X																											X	X		X						X																				
Gila River	X			X														X	X							X		X		X	X	X								X												X								
Gila River	X			X							X							X								X	X	X			X	X		X						X																				
Gila River	X																	X									X	X			X	X					X			X																				
Gila River	X			X							X													X		X	X	X			X	X	X	X						X													X							
Gila River	X			X														X								X		X			X	X								X									X											
Gila River	X			X														X								X	X	X			X	X								X									X					X						
Gila River	X																										X																									X								
Gila River	X			X					X									X	X							X	X	X			X	X			X					X																				
Gila River	X			X					X									X	X							X	X	X		X	X	X			X					X																		X		
Gila River	X			X														X	X											X	X		X	X			X																X							
Gila River	X			X					X																	X	X	X		X		X																												
Gila River	X																	X									X	X												X																				
Gila River	X			X														X								X	X	X			X	X								X																				
Gila River	X																											X			X									X																				
Gila River	X			X														X		X							X	X			X	X												X					X						X					
Gila River	X			X														X		X							X	X			X									X																				
Gila River	X			X																						X	X			X										X																				
Gila River	X			X																							X	X			X	X								X																				
Gila River	X			X														X		X							X	X			X	X								X																				
Gila River	X			X														X									X	X			X	X								X				X																
Gila River	X			X														X	X							X	X	X			X	X					X			X									X					X						
Gila River	X			X																						X	X	X				X								X													X	X						
Colorado River	X																														X	X																												
Colorado River	X			X																					X	X	X			X	X	X								X																				
Colorado River	X			X																					X	X	X	X			X	X																												
Colorado River	X			X																						X	X	X			X	X								X																				
Colorado River	X			X																					X	X	X	X		X	X	X								X																				

Phoenix Area (Continued)
Responses to Questionnaire Requesting Indications of Unmet Needs and Priorities

LOCATION	Respondent Status			Legislation					Income Maintenance									Housing-Transportation														Legal Aid								Health Services																				
					Communications																																																							
	Federally Recognized	State Recognized	Off Reservation	Direct Funding	Better communications-Elderly & Agencies	Information-Available Service Resources	Information - Program Funding Resources	Information-Technical & Supportive Resources	Income Maintenance (Gen. Assistance, etc.)	Funding-Supplement Food-Clothing-Commodities	Food Stamps	I.D. & Elderly Discount Cards	Social Security/SSI	Misuse of Social Security Checks	Employment	Education/Training	Age Discrimination in Employment	Housing	Home Maintenance	Sanitation	Yard Work	Chopping Wood	Hauling Water	Sr. Citizen Centers	Nursing Homes on Reservation	Day Care	Homemaker Services	Shopping Services	Laundry Services	Housecleaning Services	Transportation	Legal Aid	Wills-Probate	Realty — Lease Monies	Guardianship	Ombudsman in Jail	Police Protection - Security	Interpreters	Consumer Protection	Health Services	Hospital in Area	Eye Glasses-Hearing Aids	Dental Care	Home Health Care - Nurse & Doctor Visits	Ombudsman Off Reservation Nursing Home	Emergency Ambulance Service	Personal Hygiene	Tick Control	Nutrition	Meals on Wheels	Mental Health	Emotional Problems-Loneliness	Spiritual Needs	Contribution of Elderly to Preservation of Culture - Arts & Crafts	Recreation	Alcoholism & Drug Abuse	Social Services	Guidance Clinic	(Pre-) Retirement Counseling	Other
ARIZONA																																																												
Colorado River	X			X																						X	X	X	X			X	X								X																				
Colorado River	X			X																						X	X	X	X			X	X								X																				
Colorado River	X																										X		X			X	X								X																				
Colorado River	X			X																								X				X									X																				
Colorado River	X			X																						X	X	X	X			X	X																							X					
Colorado River	X																												X			X	X								X																				
Colorado River	X			X																								X	X			X									X															X	X				
Colorado River	X			X																						X		X	X		X	X																													
Colorado River	X			X	X																								X			X	X								X															X					
Colorado River	X			X																												X																													
Colorado River	X																										X	X	X			X	X								X																				
Colorado River	X			X																						X	X	X	X			X	X																												
Colorado River	X			X																						X	X	X	X			X	X								X																				
Navajo	X			X														X								X	X	X			X	X									X																				
Navajo	X			X																						X	X	X			X	X									X																				
Navajo	X			X	Community Services											X		X							X	X	X	X			X	X								X									X							X	X				
Navajo	X			X					X									X									X				X									X									X												
Hopi	X			X														X						X		X	X	X			X	X																			X										
Hopi	X			X																						X	X	X			X	X									X																				
Hopi	X			X																				X		X	X	X			X	X									X																				
Hopi	X			X																				X		X	X	X		X	X	X									X												X								
Hopi	X			X							X											X				X	X	X		X	X										X																				
Hopi	X			X																		X		X		X	X	X			X										X																				
Hopi	X			X																						X	X														X																				
Hopi	X			X																					X	X	X	X		X	X										X																				
Hopi	X			X																							X				X	X																													
Hopi	X			X																							X			X	X																														
Hopi	X			X																						X	X	X			X										X				Immediate Family Involvement																
Hopi	X			X																						X	X	X			X										X				Immediate Family Involvement																
Hopi			X	X																						X	X	X			X										X				Immediate Family Involvement																
Hopi			X	X																						X	X	X			X										X				Immediate Family Involvement																

Phoenix Area (Continued)

Responses to Questionnaire Requesting Indications of Unmet Needs and Priorities

LOCATION	Respondent Status			Legislation					Income Maintenance									Housing-Transportation														Legal Aid								Health Services																				
					Communications																																																							
ARIZONA	Federally Recognized	State Recognized	Off Reservation	Direct Funding	Better communications-Elderly & Agencies	Information-Available Service Resources	Information - Program Funding Resources	Information-Technical & Supportive Resources	Income Maintenance (Gen. Assistance, etc.)	Funding-Supplement Food-Clothing-Commodities	Food Stamps	I.D. & Elderly Discount Cards	Social Security/SSI	Misuse of Social Security Checks	Employment	Education/Training	Age Discrimination in Employment	Housing	Home Maintenance	Sanitation	Yard Work	Chopping Wood	Hauling Water	Sr. Citizen Centers	Nursing Homes on Reservation	Day Care	Homemaker Services	Shopping Services	Laundry Services	Housecleaning Services	Transportation	Legal Aid	Wills-Probate	Realty — Lease Monies	Guardianship	Ombudsman in Jail	Police Protection - Security	Interpreters	Consumer Protection	Health Services	Hospital in Area	Eye Glasses-Hearing Aids	Dental Care	Home Health Care - Nurse & Doctor Visits	Ombudsman Off Reservation Nursing Home	Emergency Ambulance Service	Personal Hygiene	Tick Control	Nutrition	Meals on Wheels	Mental Health	Emotional Problems-Loneliness	Spiritual Needs	Contribution of Elderly to Preservation of Culture - Arts & Crafts	Recreation	Alcoholism & Drug Abuse	Social Services	Guidance Clinic	(Pre-) Retirement Counseling	Other
Hopi			X	X																						X	X	X			X									X			Immediate Family Involvement																	
Hopi			X	X																						X	X	X			X									X			Immediate Family Involvement																	
Hopi			X	X																						X	X	X			X									X			Immediate Family Involvement																	
Hopi			X	X																				X		X	X	X		X		X							X	X										X		X								
Hopi			X	X																						X	X	X			X									X																				
Hopi	X			X	X																				X	X		X				X							X	X												X								
Hopi	X			X						X														X	X	X	X	X			X									X																				
Hopi	X			X																			X	X		X	X	X			X									X																				
Hopi	X			X																						X					X	X								X							X			X										
Hopi	X			X						X								X								X	X	X		X	X	X								X																				
Papago	X																											X			X	X																												
Papago	X			X	X																					X	X	X			X	X								X							X													
Papago	X			X														X							X	X																																		
Papago	X																																							X																				
White Mtn. Apache	X																			X				X								X								X									X			Farming Aids								
White Mtn. Apache	X			X																							X	X			X	X								X							X													
White Mtn. Apache	X			X														X									X	X			X	X								X																				
White Mtn. Apache	X			X																				X		X	X	X			X	X								X																				
White Mtn. Apache	X			X											X	X										X	X	X			X	X								X																				
White Mtn. Apache	X			X											X	X		X										X												X																			X	
White Mtn. Apache	X																								X																																			
Camp Verde	X																								X						X																													
Camp Verde	X			X																											X																								X					
Ak-Chin	X			X																											X	X								X															X					
Kaibab-Paiute	X																									X		X			X									X															X					
Flagstaff	X			X					X			X				X	X	X		X						X	X	X			X	X				X			X	X					X						X				X		X	X		

Phoenix Area (Continued)
Responses to Questionnaire Requesting Indications of Unmet Needs and Priorities

LOCATION	Respondent Status			Legislation	Communications				Income Maintenance									Housing-Transportation													
	Federally Recognized	State Recognized	Off Reservation	Direct Funding	Better communications-Elderly & Agencies	Information Available Service Resources	Information - Program Funding Resources	Information-Technical & Supportive Resources	Income Maintenance (Gen. Assistance, etc.)	Funding-Supplement Food-Clothing-Commodities	Food Stamps	I.D. & Elderly Discount Cards	Social Security/SSI	Misuse of Social Security Checks	Employment	Education/Training	Age Discrimination in Employment	Housing	Home Maintenance	Sanitation	Yard Work	Chopping Wood	Hauling Water	Sr. Citizen Centers	Nursing Homes on Reservation	Day Care	Homemaker Services	Shopping Services	Laundry Services	Housecleaning Services	Transportation
ARIZONA																															
Flagstaff	X		X																							X	X	X			X
Flagstaff	X		X																					X			X				X
Flagstaff			X														X	X		X											X
Havasupai	X			X														X		X							X	X			X
Hualapai	X																														X
Hualapai	X			X																					X						X
UTAH																															
Ute	X			X						X																				X	X
NEVADA																															
Paiute	X			X												X		X		X					X	X	X	X			X
Las Vegas			X	X																						X	X				
ARIZONA NON-INDIANS																															
White River			X	X																					X	X	X	X			X
White River			X	X														X													X
White River			X	X																					X	X	X	X			X

LOCATION	Legal Aid								Health Services																				
	Legal Aid	Wills-Probate	Realty—Lease Monies	Guardianship	Ombudsman in Jail	Police Protection - Security	Interpreters	Consumer Protection	Health Services	Hospital in Area	Eye Glasses-Hearing Aids	Dental Care	Home Health Care - Nurse & Doctor Visits	Ombudsman Off Reservation Nursing Home	Emergency Ambulance Service	Personal Hygiene	Tick Control	Nutrition	Meals on Wheels	Mental Health	Emotional Problems-Loneliness	Spiritual Needs	Contribution of Elderly to Preservation of Culture - Arts & Crafts	Recreation	Alcoholism & Drug Abuse	Social Services	Guidance Clinic	(Pre-) Retirement Counseling	Other
ARIZONA																													
Flagstaff	X								X																				
Flagstaff	X								X						X														
Flagstaff	X								X									X											
Havasupai	X								X									X											
Hualapai	X					X			X				Public Defender											X					
Hualapai	X					X			X															X					
UTAH																													
Ute	X								X										X										
NEVADA																													
Paiute	X								X												X		X	X					
Las Vegas									X																				
ARIZONA NON-INDIANS																													
White River									X												X			X					
White River									X									X			X								
White River									X				Foster Homes											X					

Portland Area
Responses to Questionnaire Requesting Indications of Unmet Needs and Priorities

LOCATION	Respondent Status			Legislation	Communications				Income Maintenance								
	Federally Recognized	State Recognized	Off Reservation	Direct Funding	Better communications-Elderly & Agencies	Information-Available Service Resources	Information - Program Funding Resources	Information-Technical & Supportive Resources	Income Maintenance (Gen. Assistance, etc.)	Funding-Supplement Food-Clothing-Commodities	Food Stamps	I.D. & Elderly Discount Cards	Social Security/SSI	Misuse of Social Security Checks	Employment	Education/Training	Age Discrimination in Employment
OREGON																	
BIA			X	X		X	X	X	X								
IDAHO																	
Kootenai	X			X					X						X	X	
Shoshone Bannock	X			X													
WASHINGTON																	
Nisqually	X			X									X				
Lummi			X	X						X							
Spokane			X	X											X	X	
Shoalwater Bay	X		X														

LOCATION	Housing-Transportation														Legal Aid							
	Housing	Home Maintenance	Sanitation	Yard Work	Chopping Wood	Hauling Water	Sr. Citizen Centers	Nursing Homes on Reservation	Day Care	Homemaker Services	Shopping Services	Laundry Services	Housecleaning Services	Transportation	Legal Aid	Wills-Probate	Realty—Lease Monies	Guardianship	Ombudsman in Jail	Police Protection - Security	Interpreters	Consumer Protection
OREGON																						
BIA	X									X				X	X							
IDAHO																						
Kootenai	X		X					X	X	X	X			X	X							
Shoshone Bannock	X	X							X	X	X			X	X							
WASHINGTON																						
Nisqually										X	X			X	X							
Lummi								X	X	X	X			X	X	Involvement with Tribal Planning						
Spokane									X	X	X			X								
Shoalwater Bay								X	X	X	X			X								

LOCATION	Health Services																				
	Health Services	Hospital in Area	Eye Glasses-Hearing Aids	Dental Care	Home Health Care - Nurse & Doctor Visits	Ombudsman Off Reservation Nursing Home	Emergency Ambulance Service	Personal Hygiene	Tick Control	Nutrition	Meals on Wheels	Mental Health	Emotional Problems-Loneliness	Spiritual Needs	Contribution of Elderly to Preservation of Culture - Arts & Crafts	Recreation	Alcoholism & Drug Abuse	Social Services	Guidance Clinic	(Pre-) Retirement Counseling	Other
OREGON																					
BIA										X						X					
IDAHO																					
Kootenai	X				X											X					
Shoshone Bannock	X				X					X											
WASHINGTON																					
Nisqually																					
Lummi										X											
Spokane	X									X					X	X					
Shoalwater Bay	X															X					

Sacramento Area
Responses to Questionnaire Requesting Indications of Unmet Needs and Priorities

LOCATION	Respondent Status			Legislation	Communications				Income Maintenance								
CALIFORNIA	Federally Recognized	State Recognized	Off Reservation	Direct Funding	Better communications-Elderly & Agencies	Information-Available Service Resources	Information - Program Funding Resources	Information-Technical & Supportive Resources	Income Maintenance (Gen. Assistance, etc.)	Funding-Supplement Food-Clothing-Commodities	Food Stamps	I.D. & Elderly Discount Cards	Social Security/SSI	Misuse of Social Security Checks	Employment	Education/Training	Age Discrimination in Employment
Trinidad			X	X				X									
Trinidad			X		X	X		X								X	
Los Angeles			X		X											X	
Resighini Rancheria	X			X		X	X	X									
San Pasqual Band	X			X	X	X	X										
Berkeley			X	X		X	X	X	X								
San Francisco			X	X	X	X	X	X	X								
San Francisco			X														
Sacramento			X	X		X	X	X	X								
Los Angeles			X	X		X	X	X									
Los Angeles			X	X		X	X	X									
San Diego			X	X		X	X	X									
San Diego			X					X									
San Diego			X					X								X	
San Diego			X	X		X	X	X									
Coronado			X	X		X	X	X	X						X	X	
NON-INDIAN			X	X					X							X	

LOCATION	Housing-Transportation														Legal Aid							
CALIFORNIA	Housing	Home Maintenance	Sanitation	Yard Work	Chopping Wood	Hauling Water	Sr. Citizen Centers	Nursing Homes on Reservation	Day Care	Homemaker Services	Shopping Services	Laundry Services	Housecleaning Services	Transportation	Legal Aid	Wills-Probate	Realty — Lease Monies	Guardianship	Ombudsman in Jail	Police Protection - Security	Interpreters	Consumer Protection
Trinidad				X						X	X		X	X								
Trinidad			X				X		X	X				X	X							
Los Angeles	X							X	X		X			X	X							
Resighini Rancheria									X	X	X			X								
San Pasqual Band								X		X												
Berkeley																						
San Francisco									X	X	X			X	X							
San Francisco							X		X	X	X			X	X					X		
Sacramento	X								X	X	X			X	X							
Los Angeles									X	X	X			X	X							
Los Angeles	X						X		X	X	X			X	X							
San Diego										X	X			X								
San Diego									X	X	X			X	X							
San Diego											X											
San Diego									X	X	X			X	X							
Coronado														X	X							
NON-INDIAN											X	X			X	Staff Schools and Foster Homes						

LOCATION	Health Services																				
CALIFORNIA	Health Services	Hospital in Area	Eye Glasses-Hearing Aids	Dental Care	Home Health Care - Nurse & Doctor Visits	Ombudsman Off Reservation Nursing Home	Emergency Ambulance Service	Personal Hygiene	Tick Control	Nutrition	Meals on Wheels	Mental Health	Emotional Problems-Loneliness	Spiritual Needs	Contribution of Elderly to Preservation of Culture - Arts & Crafts	Recreation	Alcoholism & Drug Abuse	Social Services	Guidance Clinic	(Pre-) Retirement Counseling	Other
Trinidad											X										
Trinidad	X				X																
Los Angeles	X									X						X					X
Resighini Rancheria	X																				
San Pasqual Band	X												X								
Berkeley	X				Language Barrier																
San Francisco	X										X										
San Francisco	X										X									X	
Sacramento	X												X		X						
Los Angeles	X										X					X					
Los Angeles	X				X							X				X					X
San Diego																					
San Diego	X																				
San Diego	X																				
San Diego	X												X		X						
Coronado	X																				
NON-INDIAN															X						

NATIONAL INDIAN CONFERENCE ON AGING

Sponsored By The

NATIONAL TRIBAL CHAIRMEN'S ASSOCIATION

P.O. BOX 7007 • PHOENIX, ARIZONA 85011 • PHONE (602) 261-4935

Agenda

JUNE 15—17, 1976

RAMADA INN EAST, 3801 E. VAN BUREN, PHOENIX, ARIZONA

Monday, June 14		
3:00—10:00 p.m.	Registration—Main Lobby	
Tuesday, June 15		
6:45—8:00 a.m.	Breakfast—Ballroom	
8:00 a.m.	Registration Continued	
9:00 a.m.	Conference Convenes in Ballroom	
	Call to Order	Wendell Chino, President NTCA, presiding
	Introductions	
	Welcome	Buck Kitcheyan, President Inter-Tribal Council of Arizona
	Welcome	Representative of the Navajo Nation
	Opening Address	
9:30 a.m.	Welcome	Wendell Chino
9:45 a.m.—12:00 noon	Panel—National Planning Committee: Description and Objectives of Workshops	Harry Holland, Chairman Governor's Task Force on Retirement and Aging
	Response from the Audience	
	Break into Individual Workshops: I. Income; II. Personal Environment III. Legal Problems; IV. Physical Well-being V. Legislation	
12:30—1:30 p.m.	Lunch—Ballroom	Entertainment
1:30—4:00 p.m.	Workshops Reconvene	
6:00 p.m.	Dinner—Ballroom	Entertainment
8:00 p.m.	Chicken Scratch—Colonnade Room	
Wednesday, June 16		
6:45—8:00 a.m.	Breakfast—Ballroom	
8:00 a.m.	Registration Continued	
8:30 a.m.	Call to Order	Wendell Chino, presiding
	Announcements	
9:00 a.m.—12:00 noon	Workshop Sessions Continued	
12:30—1:30 p.m.	Lunch—Ballroom	Entertainment
1:30 p.m.	Reconvene	
	Panel Presentations: Service Provider Agencies	
	Response from the Audience	

4:00 p.m.	Adjournment	
6:00 p.m.	Dinner—Ballroom	Entertainment
8:00 p.m.	Pow Wow—Colonnade Room	
Thursday, June 17		
6:45—8:00 a.m.	Breakfast—Ballroom	
8:00 a.m.	Registration Continued	
8:30 a.m.	Call to Order Announcements	Wendell Chino, presiding
8:45 a.m.	Panel of Elderly—Unmet Needs	
9:15 a.m.	Workshop Reports	
11:30 a.m.—12:00 noon	Keynote Address Response from the Audience	Dr. Arthur S. Flemming, Commissioner on Aging
12:30 p.m.—1:30 p.m.	Lunch—Colonnade Room	Entertainment
	Lunch—Arcade Room	Entertainment
1:30 p.m.	Workshop Reports Concluded; Resolutions and Recommendations Formulated and Adopted	
3:00 p.m.	Summary of Recommendations and Projections for the Future Response from the Audience	Wendell Chino
	Adjournment	

*WORKSHOP TOPICS**

I. INCOME
- A. Employment
- B. Training
- C. Education
- D. Social Security
  - a. Title XX
  - b. S.S.I
- E. General Assistance (BIA)
- F. State Income Maintenance Programs
- G. TWEP Program
- H. Title IX
- I. CETA
- J. Retirement

II. ENVIRONMENT
- A. Nursing Homes
- B. Housing
- C. Home Repair and Maintenance
- D. Winterization; Heating-Cooling
- E. Sanitation
- F. Utilities-Water, Electricity, Gas
- G. Senior Citizen Centers
- H. Day Care
- I. Transportation
  - a. Escort Services
- J. Homemaker Services
  - a. Shopping Services
  - b. Laundry Services
  - c. House Cleaning Services

III. LEGAL PROBLEMS
- A. Legal Aid
- B. Ombudsman
- C. Guardianship
- D. Consumer Protection
- E. Discrimination on Basis of Age, Race
- F. Protective Services
- G. Availability of Bilingual Aides in Courts, Jails, on Law Enforcement Staffs

*Basic topics determined at National Planning Committee Meeting, developed further into sub-topics. (Based on the recommendations of the Special Concerns Session on the Elderly Indian at the 1971 White House Conference on Aging)

IV. PHYSICAL WELL-BEING

A. Health
  a. Hospital Care
  b. Out-Patient Care
    1. Clinic (General)
    2. Dental Care
    3. Eye Care, Glasses
    4. Hearing Aids; Prostheses
    5. Preventive Medicine
    6. Personal Hygiene
    7. Emergency Services
  c. Medicaid-Medicare-Insurance
  d. Mental Health
    1. Isolation (Alienation)
    2. Recreation; Crafts
    3. Counselling
    4. Community Involvement
  e. Alcoholism and Drug Abuse Rehabilitation
  f. In-Home Services
  g. Escort Services
B. Nutrition
  a. "Meals on Wheels"; EFMS
  b. Title VII Programs
  c. Food Stamps-Commodities
  d. Food Co-ops
  e. Acceptance of Traditional Foods

V. LEGISLATION

A. Direct Funding
B. Federal/Tribal Relationships
  a. Tribal Sovereignty
  b. Self-Determination
C. State/Tribal Relationships
D. Organizational Structure
E. Agencies' Rules and Regulations
  a. Law versus Policy
  b. Criteria invalid for Indian Programs
    1. Title VII
    2. Title XX
    3. Other Programs
    4. Age Limitations
  c. Statistical Criteria
    1. Inadequacy of U.S. Census
    2. Acceptance of Tribal Statistics
    3. Use of Indian Population Statistics by Agencies to Justify Funding

The National Tribal Chairmen's Association extends its appreciation for the cooperation of the following Agencies and Organizations:

Arizona Indian Action for the Elderly—Alice S. Norris (Papago Tribe), Chairperson
The Indian Tribes of Arizona, Nevada, Utah and the Navajo Nation, who formed the nucleus of this effort.
The Administration on Aging—Dr. Arthur S. Flemming, Commissioner
The Bureau of Indian Affairs—Morris S. Thompson, Commissioner
The Phoenix Area Office, BIA—John Artichoker, Jr., Area Director; J. Bart Graves, (Acting) Area Social Worker
The Arizona Department of Economic Security—John L. Huerta, Director
Native American Elders United—Joe Braswell, Chairman
The Indian Health Service
The Phoenix Area Indian Health Board
The Native American Senior Citizens' Center of Phoenix, Arizona
The Phoenix Indian Center
Southwest Indian Development, Inc.
The Inter-Tribal Bowling League of Phoenix, Arizona
The City of Phoenix, LEAP—Section on Aging and the Office of the Mayor
ACTION—Senior Companions
Title IV Program, Longview School, Phoenix, Arizona
The Association of American Indian Social Workers
The North American Indian Women's Association

and the many Indian individuals who gave their time and effort to make this Conference possible.

National Indian Conference on Aging
Phoenix, Arizona - June 15-17, 1976

Opening Address and Closing Remarks
by
Wendell Chino
President, National Tribal Chairmen's Association

OPENING ADDRESS

Before I speak to you, I would like to read to you an Associated Press release from Washington. "The Supreme Court ruled today that a twenty-three year old law authorizing state civil and criminal jurisdiction over some Indian reservations does not give the states power to tax reservation Indians. The decision affects about 100,000 Indians in six states: Alaska, California, Nebraska, Wisconsin, Minnesota, (except for the Red Lake Reservation) and Oregon, (except for the Warm Springs Reservation)." I think that we ought to applaud this wonderful decision of the United States Supreme Court in turning back the efforts of the (Public Law) 280 states in their attempt to tax reservation Indians.

My good friends from all over the country, we deeply appreciate your presence this morning for what I consider to be, probably, one of the most important conventions, conferences pertaining to the Indian people. I would like to, first of all, express my appreciation to the Indian people for allowing me to serve in the capacity that I have as President of the National Tribal Chairmen's Association and previously to serve a couple of terms as President of the National Congress of American Indians. Never before have I felt that there is a conference that is so important to Indian people as the conference today. So I would like to address you for just a few minutes on the subject of: "The elderly Indian, The Preserver of Indian Race, Culture, and History."

Back in March, there was a hearing held in Washington, D.C., concerning Senate Bill 2010, which concerns jurisdiction. At this particular hearing, there was an attorney present from one of the states, and I would like to quote from this little Indian paper from Bismarck, North Dakota: "At a hearing on the bill March 4 in the Senate Indian Affairs Subcommittee, delegates from Nebraska voiced overwhelming opposition to the proposal". I quote the gentleman from Nebraska: " 'Surely no one can seriously believe that the Indian reservation is going to be a permanent part of the American scene, and it is difficult to see why anyone would want it to be,' testified Ralph Gillen, Nebraska's Assistant Attorney General." Let me quote once more, "Surely no one can seriously believe that the Indian Reservation is going to be a permanent part of the American scene, and it is difficult to see why anyone would want it to be."

There are many people who believe likewise. There is now forming in the western part of the United States, a group of several states, approximately 14 states, that have come together to talk, not only about jurisdiction, like the gentleman expressed before the Senate, but this coalition of states is being formed to fight tribal sovereignty, tribal jurisdiction. In addition to that, they are interested in Indian water and Indian land. And you bet your boots, they would like to see the special services given to Indian people taken away. If there is nothing else that I will do as President of NTCA but to travel here and there through the country to tell people, and I keep repeating this one little thing, and that is that, as far as I am concerned, no matter what the Assistant Attorney General of Nebraska, or, for that matter of Arizona, may believe, the Indian Reservation is going to continue to be a part of the United States of America, for the Indian Reservation represents to us as Indian people the aboriginal homeland of our people. The Spanish government didn't give it to us, the United States Government didn't give it to us, the Almighty did.

Some of these people would like for us to just roll over and play dead, but as far as I'm concerned, we have just as much right as Indian people to live in perpetuity. Numbers don't make any difference. If these United States, the country that we love so much, can in the name of justice, freedom, and equality, go across the oceans to defend other nations, then can this country believe in much less for its original, the indigenous people of this country, the Indian people? I don't think so. I think that we have just as much right to live. I want us to believe that we are a very special group of people. We're so special that the framers of the Constitution wrote it in the Constitution of the United States that "Congress shall have the power to regulate commerce with foreign nations, among the several states and with the Indian tribes". We're the only ethnic group in this country to be mentioned in that great document of this country called the Constitution of the United States, and this is what establishes the basis and the foundation for the unique relationship between the United States of America and the Indian tribes, and this is what makes the Indian people so special. If the framers of the Constitution thought that way, then we had better make the people of our time believe that we are a special people, not just a minority, a million strong.

No, we are a special people, with a special reference in the Constitution of the United States.

Many long years ago, something happened in the court of the highest jurisdiction of our land, the Supreme Court of the United States. Way back, concerning the State of Georgia, the United States Supreme Court ruled that Indian tribes are semi-independent nations, having certain inherent powers, having their own jurisdiction and sovereignty. Now, these states that I have mentioned earlier would like to undermine the Constitution of the United States, they would like to undermine the ruling of the United States Supreme Court so that, what little there is left of the Indian resources, may be taken from us.

The Indian people, at one time, were the greatest landowners of this country. Not only were they the greatest landowners, but the Indian people have been the greatest donors this world has ever known for they have shared their land, their gold, their coal, their gas, their men and women, and, for a group of people who have given so much, we receive very little in return. Because of these facts that I have mentioned, we Indian people are living in a very exciting time. However, our world, in which we live today, is vastly different from the world of our forefathers. The world of our elderly people was a world of natural beauty and tranquillity, a land filled with game and fowl. They hunted beasts and lived off the land. With the coming of the white man, technology changed all of that, so that we ask ourselves when we come together, "Can technology and progress be stopped?", and the answer is "no". It will continue to make its inroads upon our Indian society as well as upon all other societies. As exciting and interesting as technology can be, we can also see and experience some of its woes. Our great industrial and technological society is experiencing conditions where the dollar just cannot seem to keep up with the price. Fortunately, we as Indian people have always known hard times. We have always known what it means to do without the buck, and we adjust so readily, and we thank our older people for giving us that sense of balance and the ability to adjust to difficult situations and circumstances.

This week, we are gathered here in Phoenix for this conference. We are gathered here to seek new thoughts and fresh thoughts. We are here to look over the situation facing all of us. We shall analyze our problems, we want to share our problems, and I hope that this conference will come forth with some very specific recommendations concerning the Indian elderly. This conference is nothing more than a continuation of the White House Conference in 1971, where, as the gentleman mentioned a moment ago, the Indians attempted to participate but, far out-numbered by non-Indians, they were not readily heard. So we took it upon ourselves to bring together Indian people, particularly the Indian elderly, so that we can give them an opportunity to express themselves as to their needs and their problems.

The trouble, when we participate in the non-Indian world conferences, is that so much of what they talk about is not related to us in the context of Indian life, Indian culture, Indian history, so we have to come together and discuss these matters as Indian people. This is an important conference because the elderly Indian, down through the years, has been the preserver of the Indian race, the Indian culture, the Indian history. One of the things that we've learned, first of all, from the Indian elderly, is that they accept the process of aging. Indian people have never been ashamed of growing old. They merely accept it as a fact of life because they understand the forces of life and the forces of nature, that all and everything that lives also decays. But not so with the non-Indians. Somehow, they believe in perpetual youth. They like to stay young, so they get a face lift, or they get a nose straightened out, or they get a hair transplant. And you can go on and on because the white person in the non-Indian world believes in perpetual youth. I'm glad that we, as Indian people, can accept the process of aging gracefully, and that we are not bothered by all the artifical helps that I have mentioned, but rather, we accept it with ease and confidence. If we don't learn anything from our elders, I hope that we learn that growing old is nothing to be ashamed of, and you can grow old gracefully.

The next truth is the prestige of growing old, the prestige of old age. Here again, you know, there are some things that we learn from the non-Indian world. As soon as their elders get up to a certain age, they've got all kinds of receiving homes, they've got Sun City out here and it's nice, it works, but for the Indian people, the Indian elder has always been a part of the extended family. They have been the heart and the center of the family. Being the heart and the center of that Indian family, they bring into that family unit an experience, maturity. It's one thing to have an education, but it is also another thing to have maturity, and I say maturity outweighs education. They also bring, into that family experience and into that tribal experience, an experience that is unique. Here again, education versus experience. You cannot buy experience. I'm glad that the Indian elders have that, and we can rely on it. We can use it.

Then, they also bring to us knowledge, wisdom. This, again, is very, very important. Those of us who have been exposed to the classrooms of the white man, to name many of you, we have that experience, fine. But that exposure to the white man's classrooms can never bring us the knowledge that the Indian elders possess concerning our own people. So when we look at them, we look at them because they enjoy the prestige of old age. Not only do the Indian elders have the prestige of old age, but we should also perpetuate the value of the Indian elder. One of the most prized attributes and characterization of the Indian people down through the years is the veneration of the aged. We admire and we respected the Indian elderly, but somehow, perhaps in the last decade or two, we've been losing this. Perhaps the young people's exposure to the education and practices and the social pressures of the non-Indian world may have begun to outweigh this respect that we had for the Indian elderly at one time. Because they represent something to us, each one of us and, for the most part, all of us can recall the days of great chiefs because they represented to us something of the Indianess that some of us are losing very rapidly.

One of the greatest values of the Indian elderly is that the Indian elderly represent to us a repository. All that we like to claim and talk about as Indian didn't come from the university or the high school; it came to us from the Indian elderly. Just like the Navajo woman who sits at the loom without having a blue print and can produce a beautiful rug. Just like the silversmith who can sit at his table and produces a masterpiece without a blue print. For what the Indian elders have done right out of their heads, the white man has to have a blue print for everything that he does. Out of the Indian elder comes, out of the body and soul, something produced in arts and crafts that we all appreciate because it comes from the heart and the soul. This is why the product of the white man may attempt to copy Indian arts and crafts, but the thing that is missing is that something that comes from the heart and soul.

All that we hold so dear and so precious in our Indianness comes from those who have gone before us. Oh, how many times we have wished that we had only listened just a little bit longer. Not only a little longer but perhaps a bit more attentively, so that we could have had a better grasp of the history of our people, that we may have a better understanding of the culture of our people, and that we may have a deeper appreciation for the heritage of our people. Today, we salute the Indian elder for preserving what is left of the Indianness; we appreciate every single one of you. I'm glad that the Indian elders did not believe in double standards, that there was one thing for the young people and another thing for the elderly people. They subjected themselves and provided the influence that is necessary to provide stability and decency to the family unit. Somehow, people talk about generation gap. As far as I'm concerned, there is no generation gap if the young people will talk to the elderly and the elderly talk to the young person. We're so busy driving around in our pickups, and we're so busy watching television that we have lost communication with one another, that's the element that created the gap. When we look at the Indian elderly, there is something in them, with them, that is so precious.

Finally, I think we need to face up to the issues of old age, and this is the purpose of our conference. Some of the questions we would like for you to address are: what are your needs and problems? Don't just talk about the problems. What are your needs? What is lacking? What is missing on your reservation, in your community, wherever you have the Indian community? You tell us. You tell the conference, as an Indian elder.

The next question is, why do these needs and problems exist? Why are they there? You provide the input for this. The next question is, how should they be attacked or solved? What can we do to attack and solve these needs and the problems that exist concerning the Indian elderly? By whom should the action be taken? Should the states do it? Should the federal government do it? Should the tribes do it?

To be sure, changes are coming about. We can reflect on Indian history and we can say that some of it is behind us. For those things that are behind us, as I've already stated, represent pretty much a picture of being disadvantaged, doing with less, but the present we can do something about. This is the purpose of the conference. As far as the future is concerned, I hope that, as a result of this conference, we may improve the future for our Indian elderly. As far as the future is concerned, for those of you Indian young people that are here, whether you're in your twenties or thirties or forties, your fifties, project yourself another ten, twenty, thirty years. When you reach that stage in life, what would you believe to be considered largely important in the measure that it is vitally important to our present Indian elderly; this is what we want everyone to do. This conference has no spectators, it only has participants, the Indian elderly.

In closing, I would like to read you a little poem.

People starving, war, pollution,
to these, no solution?
Man's dying,
children crying,
what are all our taxes buying?
Criminals and robbery, prejudice and poverty,
killing and stealing.
Who is dealing
with our worldly current problems?
People starving, war, and pollution,
is there really no solution?
In case you never knew,
one who could help our world, is you!

Thank you very much.

CLOSING REMARKS

At this point of the conference, I'm sure that many of you are anxious to leave. So we'll try and bring it to a rapid conclusion. I would like to make two or three remarks concerning the conference. I believe that we should continue to fight for free health services for all of our Indian people, regardless of their location. This nation of ours is interested in health care and we, likewise, ought to be interested in free health services for Indian people.

In the matter of housing, I think that, there again, there ought to be free housing for the Indian elderly. They should not be required to pay out of their meager income to sustain themselves, but alternatives ought to be developed so that our Indian elderly can enjoy, to a large degree, what we may consider free housing. For that matter, let us also remember that we, as Indian people, are far behind the rest of the country. When the rest of the country was already enjoying federal housing, you and I were living in teepees and shacks, and we are thirty years behind the rest of the country. I think that we should continue to demand that housing programs for Indian people should be expanded and accelerated so that we can take care of the heavy backlog of housing needs among Indian people.

I would also like to suggest, and I have been suggesting that at each of our state meetings, that Social Security laws be changed, so that the income limitations can be raised to keep up with not only the inflation that Dr. Flemming mentioned, but, I think, that we should not only raise this income limit, but provide an opportunity for the elderly beyond their Social Security to do whatever job is within their ability to handle and be employable and thus improve their living conditions. These are the three matters that I thought that we should consider in depth as we continue to work with the elderly.

In talking to the TV people, the paper and the radio, they all wonder about the conference, and they wonder why the Indian people want things for themselves. These non-Indian news media think that we ought to be part of the whole Kaboodle, and they cannot understand, nor do they appreciate, our position, our decision, our viewpoint concerning the Indian programs. You and I do not have to defend Indian programs. The only thing that we should understand is that the reason we want Indian programs is, first of all, we're Indians, let's remember that, and we don't have to apologize one bit whatsoever for the fact that we are Indians, and that it is within the context of the Indianness that we want these programs!

Indian housing, for instance. Some of the federal housing built among the Pueblo people raped the Pueblo architecture. These federal people will not accept nor will they buy Pueblo architecture, so they disregarded the architecture of the Pueblo people. Why didn't they design the houses like the Pueblos wanted? We're going to have to continue to make this kind of an impact before the federal people, make them do what we want within our heritage, not force all of their architecture, language and what have you upon us. So, let us not be apologetic about asking for Indian programs, in fact, we ought to be adamant, we ought to be tough, we ought to be aggressive in asking for Indian programs.

Secondly, I read to you in the beginning of the conference, "Why do Indian people want Indian reservations?" I don't apologize for that, either. I live on an Indian reservation. Long before the white man came to that part of New Mexico, recorded history puts my people where we are in 1100 A.D., and that reservation symbolizes to me the aboriginal homeland of my people. Congress only put a fence around us, but, within that boundary is the land of my forefathers, the land of my people. That timber, that water, whatever little resources are there, are the things that belong to my people and your people, wherever that reservation of yours is located. Yet, to some degree, some Indians were relocated, yes, against their wishes. The might and the power of the United States Army overruled, overran them. Had they had the choice to decide where they wanted to be, some of us would have remained east of the Mississippi but, wherever we are placed, that has become the home for all of us.

The white man is never satisfied. If he doesn't like the scenery, he goes to Chicago. If he doesn't like Chicago, he goes to Dallas, Texas. If he doesn't like Dallas, Texas, he goes to Honolulu. If he doesn't like Honolulu, he goes back to San Antonio but, whatever we call home, where that Indian reservation is, symbolizes to you and me our place, that's where our heart and that's where our people are, and let us never be apologetic about that. At least, we still have a home base that white people don't have.

Another thing that these news media tried to make you look silly with is the funds that are appropriated for Indian programs and Indian people. What, for Indian people? These are taxpayers' monies! After I completed the resort on our reservation, it cost a great deal of money, 15½ million dollars. One day, I saw the headline in our county paper. The headline of the county paper concerned the amount of federal dollars spent in Otero County, where my reservation is located. You know how many federal dollars were spent in Otero County last year? $111 million—$111 million! The Bureau probably spends about close to a million dollars, and by the time you take off the cost of the BIA administration, we can't even run our Social Services. Same way with the health services. So then, you might say, well, out of the $111 million, you say $2 million is going for the Mescalero Apaches, and where is the rest of it going? It certainly isn't all going to the Mescalero Apaches. None of those people in the territory are going to make me feel apologetic for the federal dollars that I get for my people. I hope that you people sitting out there might see it the same way and believe that you're entitled to it, just like the other taxpayers. We're all taxpayers. The only tax that we don't pay is the state tax. We have to pay the federal tax. Everybody pays that, and we're paying our share of the burden,and I think that it is time that we let the rest of the country know that we are entitled to the federal dollars, just like anybody else. I keep telling this country that the "pork barrel" is there all the time. It doesn't make any difference whether the Republicans are the party in power, or the Democratic party is in power. The only difference is, the "pork barrel" is there; one takes it at the top, and one takes it from the bottom. That's the only difference. So, let's not be apologetic for these funds that we're fighting for and we're demanding and we're asking for. Let's keep on doing it because, if we don't do it, it's going to go to Greece, it's going to go to Italy, it's going to go to Mexico, or it's going to go somewhere else. Until this country shows us that it can balance its budget in terms of foreign aid and domestic programs, then there would be no need for any American, no matter what his background, to need to suffer. That's the problem, that's the trouble with this country. We're sending it all out. When New York City got into trouble, nobody wanted to bail it out, but they didn't think about the fact of the millions of dollars we're sending overseas. So, if this country would quit sending it overseas, there'd be enough dollars and a

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million left over to take care of the Indian people's needs. So, let's never be apologetic for the federal funding; we're entitled to it, we're deserving of it. And like I told you the other day, we gave plenty to this country, and it's about time that we get our share of what we're entitled to.

I want to say that we have appreciated the response of the Indian people from across the country to this conference. The National Planning Committee is now going to be changed into a task force, it has a large task before it now, certain demands, certain actions that it must take. I regret very much that there were not many more tribal chairmen at this conference, because they're going to have to shoulder many of these requests, many of the actions that you want to see, and I already told some of them that, as far as I'm concerned, the response to this conference by the Indian elderly is even much better than the response that we get to the National Tribal Chairmen's conference. I make no apology for that, and it's about time that the National Tribal Chairmen also take notice and see what their people need and go after these things for them. I think this is the purpose of any leadership, to take care of your constituency and to take care of their needs, and, if need be, lose some sleep, lose some energy.

I would like also to say to these Indian people in Washington that it is time that, in the name of the Indian people, some of them get some backbone and put their jobs on the line for Indian people. That way, I'm sure we can make some headway and make a great deal of progress in behalf of the Indian people, and how we need our Indian folks who have now become educated, who are holding some of the responsible jobs, to put that job on the line if need be and say, this is a fact, this is the truth! Let's demand that, let's see that it's done and I think we can get some action. So, ladies and gentlemen, we appreciate your coming. We thank you for your participation. We thank you for your input. And most of all, we thank you for your friendship. Let us continue to hold hands and join forces and, in the name of Indians, while this country is lost in red, white, and blue, let's become lost in our Indianness and maintain our identity in our Indian community.

All you Indian people, you've been part of a great historic meeting, the first national Indian conference on the Aging. We declare the conference adjourned. Thank you very much.

Wendell Chino, President, Mescalero Apache Tribe of New Mexico and Honorary Chairman, National Indian Council on Aging

National Indian Conference on Aging
Phoenix, Arizona - June 17, 1976

Excerpts
from
Keynote Address
and
Answers to Questions
by
Dr. Arthur S. Flemming
Commissioner on Aging

The Administration on Aging was very happy to be in a position where it could respond affirmatively to the suggestion that a conference of this kind be held. While I was Secretary of Health, Education, and Welfare under President Eisenhower, I had the chance of chairing the first White House Conference on Aging, and, as some of you also know, we did work out a plan at that time which made it possible for representatives of this community to come to that conference and participate, not only in the general sessions of the conference, but also to run their own conference dealing with some of the issues that confront this particular community.

I think that this is an excellent follow-up of that particular conference, I know that you have made some very specific recommendations as to things that you think we can and should do, and I can assure you that those recommendations will be given very careful consideration. There isn't any doubt in my mind, or in the minds of any of us who are working in the field of Aging, that, by any social or economic indicators commonly used to reflect conditions under which people live, American Indians frequently fall into the lowest of categories. And there is no question in our mind by that no other group of older Americans is faced with so stark a prospect in their old age as is the elderly American Indian. That is why I am delighted that this conference has been held, that you have focused on some of the issues that are a concern to you, and that you are going to pass on these recommendations to us.

The elderly American Indian confronts all of the issues that confront other older persons in our society, but often times confronts them in an aggravated form. I want to talk with you about some of the things we should focus on in an effort to get a constructive resolution of those issues.

Take the area of income. If we could raise the level of income, then more and more older persons have the opportunity of making their own decisions regarding their own life. We still have 15 to 18 per cent of the persons who are 65 and over who have annual incomes below the poverty threshold.

There are many members of the Indian community who can be classified as older persons, whose annual incomes are below the poverty threshold. That is an indefensible situation, but that is something that we have to keep working on until we get a correction.

Since the second White House Conference on Aging, we have what is called the Supplemental Security Income Program. Some of you are familiar with it, some of you have trouble with it, and some of you feel, and rightly so, that there is a lot we need to do in order to improve the program. Nevertheless, there are several million older persons in our nation that are better off because we have that program, and with that program. This is subject to automatic increases based on increases in cost of living. You've heard some people say that the Social Security system is on the verge of bankruptcy. The Social Security system does have some financial problems. The Presidents of the United States and the Congress of the United States are going to continue to work out solutions to the financial problems that confront the Social Security system. You are going to continue to receive your Social Security check on July 1, there'll be an increase as there will be in Supplementary Security Income Programs. This system rests on a solid foundation, and I'm confident the President and Congress are going to protect its financial integrity.

The area of services for older persons is an area where the Administration of Aging relates in a very direct way to older persons throughout our nation. Some of you have been discussing the Older Americans Act. You've been talking about the way in which the Indian community has related, or has not related, to these programs as they have been administered in the states from which you come and by the areas within those states.

So we have a network, we've got some money; now, is that getting through to the members of this community, so that you are on the receiving end as older persons of services designed to help make it possible for you to live in your own homes for much longer periods of time than would otherwise be the case? Well, some of it has gotten through to you, you know that, but you're not satisfied, and I'm not satisfied with the extent to which this money has gotten through to the Indian community so that it can be used for services for older persons that will enable older persons to continue to live in their own homes. I'm talking about homemaker, home health aid services, I'm talking about transportation services, I'm talking about nutrition services. I'm talking about health services generally. I have some convictions as to what we're going to have to do in order to deal with health services adequately. I'm not satisfied, and the Congress of the United States, when it passed some amendments to the Older Americans Act last year, indicated that it was not satisfied. It put in some new language dealing with the members of the American Indian community. This language says this: the members of Indian tribes must receive benefits under the Older Americans Act equivalent to benefits provided to other older persons in the state or appropriate areas. That amendment applies only to Title III. It does not apply to Title VII, which is the title that provides funds for nutrition programs for older persons. Personally, I do not see any reason at all why what I just said in relation to Title III should not apply to Title VII. Title VII will have to be amended by the Congress in order to make that possible, and I think, that that ought to be done. You see, Congress, as far as Title III is concerned, has set an objective, which is binding on me, as Commissioner on Aging, that says that members of Indian tribes must receive benefits equivalent to benefits provided to other older persons in the state or appropriate area. I intend to do everything I possibly can to make sure of the fact that that objective is carried out. I intend to do everything I possibly can to make sure that there is not discrimination under the Older Americans Act against members of the American Indian community.

It's one thing to say that, it's another thing to implement what I've just said. How do we intend to go about it? Well, as far as Title III is concerned, we have issued some proposed regulations for comment. I'm sure that these proposed regulations have been under discussion here during the past few days. I want you to know that I look forward to getting your comments. If I can possibly do it, I'm not going to issue any proposed regulation until I have the benefit of your comments. Under these proposed regulations state and other agencies will be asked this question by the Administration on Aging: What are the needs of elderly Indian tribal members? What benefits are projected for all non-Indian individuals? What benefits are planned for all elderly Indian tribal members? Will the benefits planned for all elderly Indian tribal members be equivalent to the benefits to be received by all non-Indian elderly individuals in a state or area? Unless that question can be answered "yes", then, as Commissioner on Aging, I will begin to deal directly with the tribe. Under the law, if I deal directly with the tribe, the amount of money that I can use is spelled out in the law. I'm going to be very frank and say that the formula that is incorporated in the law, in a good many instances, would provide less in the way of money than is now provided by quite a number of the states, but keep in mind that, under this law, the tribe must receive benefits equivalent to the benefits that are accorded other persons, so that, if there are inequitable situations as between tribes within the states, this law may help to correct those inequitable situations. Again, I must emphasize the fact that the law deals with Title III, but I see no reason why it shouldn't be amended further in order with deal with Title VII, the nutrition program. Let me say just one other thing as an individual. I envy the Department of Labor, which has responsibility for the administration of manpower legislation, because it can deal directly with the tribes, and I hope that, ultimately, that kind of a situation will develop in the field of Aging.

One of the jobs of the Administration on Aging, in addition to administering these programs of services for older persons, is to try to pool resources in behalf of older persons and to try to coordinate the work of various departments on Aging. We did take the initiative in developing a working agreement with the Office of Native American Programs, which is in the same unit of HEW as the Administration on Aging, with the Department of Transportation, with the Public Services Administration within HEW, with the Indian Health Service, with the Office of Indian Education. I would recognize it as a first step in the direction of getting a better pool of resources available through the federal government in the interest of older American Indians, but there are two objectives that are built in there that I have particular interest in. One objective is to increase the direct involvement of Indian tribes and organizations in the development of policy and programming for elderly American Indians. The second is to increase the number of American Indians involved at all levels in the delivery of services to elderly American Indians.*

The proposed regulations, to which I have referred, specify that, before the state can submit its Plan of Action in relation to American Indians to the Administration on Aging, before Area Agencies on Aging can submit their plans to the state for American Indians, there must have been consultation with the appropriate tribes within the state or within the area. The proposed regulations are written in such a way that consultation could take place after the plan had developed by the state or the area. It's my understanding that one of your recommendations is going to be that the tribes be consulted before the plan is formulated or crystallized. Personally, I like that recommendation and will work that into the proposed regulations when they are finally issued. Anything and everything we can do to maximize, to increase the participation on the part of the tribes in the formulation of policy in the field of Aging, we want to do. I hope, along this same line, in growing out of this conference will come a recommendation to the Administration on Aging that we at least assist in the establishment of a national Indian Task Force on Aging. I think such a Task Force should be in existence. I think it should have funds so that it can be in a position where it can communicate effectively and meaningfully, not only with the Administration on Aging, but with other departments of the federal government that have resources that relate to the lives of elderly American Indians, and, also, so that it can deal effectively with the National Association of State Agencies on Aging, with the National Association of Area Agencies on Aging, and with a National Association of Nutrition Projects on Aging. Anything and everything we can do to open up these channels of communication so that there is a continuing dialogue between representatives of this community and those of us who are working in the field of Aging, I want to see done.

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* For a copy of the agreement referred to, see Page 139.

This other objective is important. That is, to increase the number of American Indians involved at all levels in the delivery of services to elderly American Indians. The Administration on Aging, in our central office and in our regional offices, hasn't gone as far along this line as we should. It's my understanding that one of your recommendations is the idea of our having an Indian desk in the Administration on Aging. I'd like that, I will do everything I can to get that. Somehow or another, we'll work it out, even though we've got to, maybe, contract with the National Indian Task Force on Aging to give us that kind of a service, or that might be one of the responsibilities related to that. The idea is a good idea, and there's no reason at all why, one way or another, we can't implement that idea.

This is a great gathering of older persons. What I hope is that you will go away from this meeting realizing that there are many unresolved problems and realizing that the pressure must be kept on those of us who are in public life to keep responding to these problems in an adequate time. I also hope that you will realize that there are some who have a deep concern for older persons specifically the older persons in the American Indian community, that we intend to do everything we can to use the authority we have, the resources that are made available to us, in order to get the kind of services through to older persons that will help them look to the future not with despair but with hope. The objective we should try to keep in mind at all times is to try to make the last days the best days. If we are going to achieve that objective, it's going to require commitment, not only on the part of those who are in the federal government, the state government, and in community government, not only on the part of those who are a part of private organizations, but on the part of every individual who has a concern for older persons.

I always cherish and welcome the opportunity of trying to respond to questions. I'm just moving right into a question period now, and I ask any of you who have questions or comments that you might like to address to me to do so, because I didn't come here just to talk to you. I came here in the hope that you would also talk with me, so that we can carry on a dialogue back and forth.

Q-Revolving around the triple A's, the state Agencies on Aging, and you talked about them relating to us. How does that stand in relationship with the treaties that the federal government signed with Indian tribes that indicated direct relationship as opposed to state relationship with the tribal governments?

Dr. Flemming-As I indicated in my talk, that direct relationship has been recognized in certain laws, and I referred to the manpower legislation, but that relationship has not been recognized in the Older Americans Act up to the present time. I indicated that, personally, I would not only not be adverse but I would welcome that kind of a relationship being recognized in the Older Americans Act, but up to now, it hasn't been.

Q-On the policy involvement of Indian tribes, prior to the states submitting their plans. You know, consultation does not necessarily mean sign-off, and I was wondering if you would endorse strengthening that language to where the tribes within the states either must sign off or approve prior to the states submitting the plan, in regard to the benefits to the tribes?

Dr. Flemming-Under the law I could not go that far. The legal responsibility is placed with the Area Agency, the State Agency, or, in some instances, with the Administration on Aging, but even though the Area and the State and the Administration on Aging have the legal responsibility to make a decision, I think that we should give tribes every possible opportunity to influence the decision, but we cannot delegate to the tribes the authority to make the decision.

Q-You indicated that you were encouraging the National Indian Task Force on Aging. Does that indicate, also, that you are committing funds to that Task Force?

Dr. Flemming-What I was inviting was a proposal, I assume that it would come from the National Tribal Chairmen's Association, looking forward to the establishment of a National Indian Task Force on Aging. I said I recognized that such a task force would need a staff, and I also recognize that, if you're going to have staff, you have to provide some money for the staff. Now I'm not making any commitments. I can't do it without the regular procedures being followed. I hope I've conveyed to you my own interest along this line. The nature of the task force, the amount of money involved, and so on, would have to be negotiated. I welcome such.

Q-Dr. Flemming, I'm Rodger Sandoval of the Navajo Tribe. At one time, I was on the National Council of Aging Board of Directors. This matter pertaining to the Indian desk and also the direct funding to the Indian tribes because of all the regional difficulties, of states' difficulties, particularly with the Navajo tribe, this matter has been in existence since early 1971, when we had a meeting in Portland, Oregon. These two things were recommended, and during December 71 at the National White House Conference on Aging, it came out in several recommendations for the Indian elders. As a member of some of the follow-up committees relating to the Indians after the White House Conference and subsequently in an NCOA meeting, also in

1972 or early 1973, these two questions have been posed to you personally again at one of those meetings. The possibility of an Indian desk, request for such, and also possibility for direct funding to the states and, at that time, whether it be late 72 or 73, you have given me favorable comment from the floor that you would be in a position to check with someone, or a member of your staff, or will delegate a member from your staff to look into this matter, and here it is four years later, four and a half years later, and nothing's happened. And before you know it, we'll have another White House Conference on Aging. When do you think this Indian desk will be established, and how soon do you think the direct funding to Indian tribes will happen?

Dr. Flemming-Let me take your latter question first. I've continued to recommend that that be done within the Executive Branch and through the Legislative Branch. There was an amendment introduced to the Older Americans Act, in connection with the 1975 amendment, which would have accomplished that. It was defeated in the committee, and what is now in the law was put in as a substitute. I hope that that is real sometime, that the Older Americans Act now has been extended for three years. In other words, it does not run out again until 78. But I would hope that there would be vigorous support from the Indian community for that kind of an approach. It was introduced by a friend of the Indian community, it was defeated in the House Committee. We cannot go beyond the law in terms of dealing directly. We responded time back to the other one, the Indian desk concept. We responded very affirmatively to the proposal that a planning conference of this kind be held, and, as you know, we did provide a grant of 192,000 dollars in order to make it possible for this conference to be held. One of the objectives of this conference, as set forth in the proposal that was submitted to us, was that, hopefully, this conference would lead to the formation of a permanent National Indian Task Force on Aging. I've indicated that, if such a proposal is made, we will look favorably on such a proposal. That will give us the opportunity of tying such a task force directly into the kinds of issues and problems that confront us in connection with the Administration on Aging, and there will be, obviously, a point of contact between this task force and the Administration on Aging. Of course, I would hope that that point of contact would be a representative of the American Indian community. That's where we stand at the present time. We were delighted to finance this conference. We look forward to the recommendations, and I've made it very clear that we will look with favor on a proposal for an Indian Task Force on Aging, which, in my judgment, is the most immediate thing that could be done in order to really make it possible for the views of the American Indian community to be directly involved, not only in the operation of the Administration on Aging, but in the Department of Housing and Urban Development and the Department of Transportation and the other departments that have a direct bearing on Indian elderly persons.

On Title VII, the suggestion I was making was you may not like the amendments to Title III, and you may think that there should be some changes in the language of that amendment but, assuming that you like it as it is, assuming that you recognize it as a step in the right direction, headed toward direct funding of the tribe, then I suggested that you ask to have Title VII amended in the same way that the Congress amended Title III.

As far as the Task Force in concerned, that is a proposal that will come from the committee, and some of the questions that have been raised are questions that should be answered in the proposal, and the terms and the point of view of those questions relating to the internal life of the American Indian community. I can assure you that in most instances, we will not attempt to second guess the judgements that are reflected in the proposal that comes to us. If such a Task Force is in existence, it certainly will be in a position where, like other similar organizations, it can lobby on behalf of legislation that it regards as important, as far as its activities are concerned, and it should be set up in such a way as to not have anything get in the way of that kind of activity. There is a distinction between going up and testifying and pressing and so on and lobbying.

The reference was made to the fact that the proposed regulation states that, where a tribe has 250 or more elderly persons, that it shall function as an Area Agency on Aging, and the comment was made that there's no provision for a penalty. Whenever we require the inclusion of something in a state plan, if the state plan does not include it, then we do not approve the state plan and then the state is not eligible for funds. The fact that we're asking to have that put into the state plan automatically provides for a sanction. I have a practice of meeting with the executives of the National Organizations on Older Persons, often times, when we're just beginning to turn an idea over in our minds, in order to get their reaction and their input. If this Task Force comes into being, there would be a representative of that Task Force participating in the meeting at the federal level. We do everything we can to urge the state and the Area Agencies to do the same thing. Every state, every area agency, every nutrition project agency, has an advisory committee, and where the American Indian community is playing a major role in the life of the state or an Area Agency as far as older persons are concerned, there should be insistence on your being represented on those advisory committees so that you have the opportunity of making an input there. I do agree with the fact that, if inputs are to be meaningful and genuine, we should be ingenious enough to make it possible for the input to take place at the time the plan is developing and before people develop a private authorship approach to the plan. There was the additional suggestion that there isn't anything in the proposed regulations dealing with rights to appeal on the part of the tribe, and I think that's an important point, and something should be put in along that line.

(In answer to a question on lowering minimum age requirements for Indians for Social Security based on lower life expectancy)

Dr. Flemming-Could I say that you recognize, of course, that that is an issue that was highlighted at the White House Conference on Aging, and the Commissioner of Social Security does have under way a rather in-depth investigation of what the possibilities might be. It isn't an easy issue to deal with, both from the point of view of developing an administrative procedure that would be fair and equitable to the total number of persons involved in the Social Security system, and also from the standpoint of cost. I know that they are still addressing themselves to it.

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Statement of Lee Motah (Comanche, Oklahoma) at the National Indian Conference on Aging of 1976 (Excerpted)

Ladies and gentlemen, I'm a Comanche Indian from Lawton, Oklahoma, one of the tribal leaders. We are facing a crucial time today, very crucial. You know the government gave us a law here not long ago, it says "Self-Determination Act." We have to decide our own self which way we ought to go.

As a tribal leader for many years, I have faced Congress, Congressional committees, on termination bills. I fought termination bills. Sometimes those termination bills are killed in a meeting. Many of those bills we have confronted and done away with. That's why I say this morning, we are in a very important period now. We had better be careful which way we go.

So, people, this Aging Conference we're holding today is an exceptional conference, exceptional. The other conferences that you talk about in the White House and all, Dallas or wherever it is, they were mixed, there were other nationalities in there with you on the Aging Conference. Today, here, this is Indian, Indian conference. Never was there a crowd like this. I've been an officer in the National Tribal Chairmen's Association for years, I helped found that organization in Kansas City years ago, and never did we have a gathering of Indians of different tribes like this in that conference, in that organization. This is the biggest Indian conference that I have witnessed as a tribal leader. It would be a shame, my people, if we go from here without resolving anything. It would be a shame. Let us get our heads together and do something for our Indian people. Let's don't talk about, "I was a great farmer, I was this or that...". No, let's forget ourselves. To be a good leader, you must forget yourself and think about the people that you are representing. Let's represent our people.

I came here not to represent the Comanche people, I came here to represent my *Indian* people, I don't care where they are, who they are, I want to represent them. If I go down with the rest of the tribes, I'm happy. Not only the Comanches, I want to speak for everybody. Before the halls of Congress, I stood up and said, "My Indian people, I love you!"

So today, my people, let's get to the point, let's get to the meat, let's get to the point and say: now, this is what we want for our aging, old Indian people. Let's get it down in black and white and submit it wherever it's necessary, let's submit it. Let's get representatives to do this work for us, let's don't depend on anybody, let's do it ourselves this morning. Let's do it at this conference here in Phoenix. Let's go from here with a smile that we have accomplished something for our old people. Old people back home are waiting for us to come in, what did you do for me? And what am I going to say when they ask me that? All right, it's up to each one of us here that we must get our heads together and do something.

This is the only Indian Aging Conference that's started. Now this is the first one, this is the first round. What are we going to do in the first round of the Old Indian Aging Conference? What are we going to do? What are we doing? What are we saying? What are we thinking about? Let's forget ourselves and lead our people and get something done for our people. I'm concerned. I thought about this all night, what could we do.

Oh God, the Great Spirit, show us the way to go! Show us, so that we might get something done for our old people, that they will be happy. Maybe they live a little bit longer, maybe they live a little bit longer if we get something for them that they might be happy about. Happiness extends your life. Let's make those old people happy, so we can get a program together here at this conference. I don't want to take up all your time. Let's get five, ten minutes each one, say something. Time limit each one of us and that way, we can pull this goodness out of that speech and this one and this one and pull it together. That's a program. Thank you.

Statement of Gene Parker (Makah, Washington) at the National Indian Conference on Aging of 1976. (Excerpted)

My name is Gene Parker, and I'm Tribal Chairman of the Makah Tribe in the State of Washington. There are recommendations, I think, that it is necessary to look at. One of the things is, we talk about the White House Conference (White House Conference on Aging of 1971) and nothing has been done about it. Then the reason that these accomplishments have never been brought about or never been accomplished, then, I think that we're going to have to take a look at those recommendations again. If we're going to take on something new and add on to those recommendations of the 1971 White House Conference, then I think we're taking on something possibly a little bit too much of what we can handle. I think that it's necessary to review those recommendations because these are good recommendations, and I think people are well aware that those recommendations in the White House Conference are good ones. I'm quite sure that they don't identify reservation Indians versus urban Indians or whatnot, or federally recognized or non-federally recognized.

I think there are two things that we have to establish, and one thing is that you can't take it away from the people, one thing, that they're Indians. They are Indians. You can't take that identity away from them, they are Indians, regardless of where they're living. Secondly, if they have the age of a senior citizen, then you can't take that away from them, either, regardless of where they're living. I think we should keep in mind that these two things are what we're concerned about: Indian, and a senior citizen, are the ones that we're trying to help.

I think that this White House Conference, if we review this, if we bring it to the assembly and review it, maybe our recommendation will be that we'll go along with it and then have a certain follow-up concerning these. Like I say, the method that was used in the following-up has never achieved all that much for the senior citizens, but maybe, and I'm saying maybe, if we could get those recommendations and review them right here, maybe we could go on from there, and bring it into the General Assembly.

There is one more issue that I'd like to bring out, to review the Older American's Act. I think there's a portion of that that is supposed to have been responded to by the Indians by June 10, if I remember right. (Announcement was made that the deadline had been extended another two weeks.) Another two weeks. Do you folks realize the short passage that is in the Act itself concerning the Indians? It's so small, and it doesn't cover hardly anything, and the book is about so thick. There's only about three pages concerning Indians, if I remember right. So I think that if it's possible, that we can, I think something I recommended yesterday, that we use the National Tribal Chairmen's Association to get an extension on it, possibly more than two weeks, hopefully it would be more than two weeks, because the National Tribal Chairmen, are they going to have an executive meeting here pretty soon? Okay, now then we can use that and then we can use the NCAI (National Congress of American Indians) too, but keep those doors open, we can't close them.

Okay, now, my last recommendation would be this: there's many, many senior citizens that are here, and we haven't heard them yet, and in my tribe, they lowered the age to fifty for senior citizens, so I'm in that class. I am a senior citizen according to my tribe. Okay, then I suggest this: the follow-up which we submitted at the White House Conference, has never been followed up properly. Therefore, those recommendations are sitting in someone's desk, or something like that. What I'm saying is that, if there's any more money that's left over from this Conference, that we get these professional staff people to remain and draft up a position paper supporting those recommendations, those recommendations from the White House Conference; and then we can take it home, present it to your Council, we can take it to any place that we go, we have a position paper in our hands. Thank you.

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National Indian Conference on Aging
Phoenix, Arizona

PANEL OF INDIAN ELDERLY

June 17, 1976

Helen Jacobs (Eastern Cherokee Tribe of North Carolina): Good morning everybody. I'm Helen Jacobs from Cherokee, North Carolina. I would like to take this opportunity to thank the National Tribal Chairmen's Association for making this possible. Mr. Frell Owl is on the White House Council (Federal Council on the Aging) from our tribe, and he had said that they have tried to sponsor a meeting like this one for quite some time, and finally they, the Tribal Chairmen's Association, has consented to do this, and I think we owe them a real debt because, I hope, out of this conference we may come up with something that will really help the aging. Now, I cannot speak for so many people here; I can only speak for the Nation of the Cherokees, and it is gratifying, and I'm glad to see there's so many younger people who have taken a deep interest in all of this aged program. We have an awful time trying to get a bus driver sometimes, so you are lucky, a lot of you are lucky when they have the younger to go ahead and do this.

All that I have heard speak are knowledgeable, and I congratulate you. We have tried to do so many things in Cherokee that we're just not able to do. As far as the age limit is concerned, we have admitted people under 55 in our program, but they are not eligible to eat with us on the State program. They are not eligible until they are 60 and, in North Carolina, we have so many restrictions, things that we cannot do and things that the State thinks we're short on, in other words, it's geared to a suburban program, and we really don't need that, because our older people work. They have their gardens. They have things to do; and to come in and sit down and play bingo for an afternoon, they're not interested. Now we have several different classes of crafts that they're interested in and find some way to get the material for them to work with. But, all in all, we've not done all we could as we tried to get these programs. The thing is that you find out where you can get help, and I think I've learned quite a bit here, and all of you should have.

I'd be glad to answer any questions but otherwise I don't know of anything to say.

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Juana Lyon (moderator): Thank you very much, Mrs. Jacobs. One of the really enjoyable and remarkable things about this conference is that we have with us Indian people from the entire United States, all the way from Alaska to the State of Maine, and so we are privileged to hear the opinions of Indian people from this wide range of states and areas of the United States.

Next, I would like to call on Mr. Ben Harjo, who is an aging specialist for Indian Centers, Incorporated, of Los Angeles. As some of you may know, Los Angeles, greater Los Angeles area, has a very large number of Indian people living in that area. Perhaps we could ask Mr. Harjo to include in his remarks just how many Indian people are living in the area that he serves, because I think many of us are not aware of this.

Ben Harjo (Creek and Seminole, Los Angeles): Good morning, fellow Americans. I don't know whether I could fill the big introduction that Mrs. Lyon has given me. She was asking me how big a population Los Angeles has of Indian people. It has been estimated that there are 60 to 80 thousand American Indians that migrated to the urban area of Los Angeles, and they come from various tribes, and we serve people from Canada, Alaska, even Hawaii, also people coming from South America, Old Mexico, saying that they're Indians. And the service program center of Los Angeles has mandated that any American Indian, or any Indian that comes into the services, they will be given priority, but the feds have their guidelines sometimes that we can't come up to.

At this conference here I signed in with the Task Force or the Workshop Number II. That's the Environment Workshop, and the people that were participating in that have come up with this resolution:

> Be it known that (representatives of) all tribes of Workshop Number II on Environment have established needs of these services as top priority.
>
> Be it resolved: as a collective body we move to establish the following list to speed action by the Task Force.
>
> The first priority they have decided was Number 1 is housing, nursing homes, day care centers—24-hours, senior citizens' centers, individual housing.
> Number 2: sanitation—utilities, water, electrical services, gas, home repairs and maintenance, making homes trustworthy, accessible to handicapped people.
> Number 3: transportation, escort services, mobile chair services, that is wheelchair, homemakers' service, home health aides, doctor services, laundry services, house cleaning services, native food and nutrition services.

Here, as we all know, the reservation Indian has a different problem than we have as urban Indians. But they're the same unique problems that we have to try to overcome. Thank you very much.

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Richard Magoosh (Mescalero Apache, New Mexico): Good morning. Since I came into this room here, a gentleman stopped me and he said to give a little talk about Mescalero. So, then I hate to say 'no', but finally

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I made up my mind to go ahead and talk a little to you people.

I have been with law enforcement work for many years in Mescalero, and then I was selected by Mr. Chino, our Tribal Chairman, he selected me to be Chief Judge. Before then, I had done a lot of heavy equipment work and all that. It was for about 20 years.

I had a lot of problems with my Indian people—trouble with drinking, and sometimes I released my people from the jail and very next day they'd be back in jail again. The trouble of it at home is, we have a hard time with that. I have done quite a bit of work with my people trying to straighten them out. We have a Rehab Center. We send them over there for 30 days, and when we send them over there, I guess the counselling that they do over there at the Rehab Center, I guess they get tired of it, then they run off from there and we have a hard time.

I always tell my prisoners, "Why don't you set your mind on a job? Get on a job, some kind of a job. Maybe with enough on your job, in that way, it can keep you away from drinking," and I have talked to prisoners like that. Some of them took my advice.

Indian people work very hard. I don't care what kind of reservation you're from, you have to abide in the law. So in your reservation, throughout, I think you need more law enforcement workers, more policemen, in any kind of law enforcement work, more workers, more police, and all that. I've been to National Tribal Court Judges' School in Denver; I've been there in Phoenix, Albuquerque, and we have talked how we feel about our people and the judges. I think we need more training of judges for our reservations. We need good talents, good policemen, and all the workers in the law enforcement is what we need for our reservation. I have worked with it, and an important thing is recreation, crafts and all that.

We have our own offices, tribal offices with different roles, of different departments. We have our wild game, and we have an office for that. The biggest thing we have now, we have a big recreation program, what they call Inn of the Mountain Gods. We have a lake. We have people there from all over coming, cooking, fishing, camping, and I think we have a good reservation. We're not bragging about this, what we've been trying to do for all these years.

You know these Apaches here, they say "They're wild Indians, they'll live in a teepee"; no more of that teepee! We all live in good homes, and Mr. Chino has done a good job for us, and he tried to improve our reservation, improve our working, schools, hospitals and other recreation, so the only thing that I was thinking about is I talked to one Indian. "What we need," he said, "is, I live way out in the mesquite, and my road is just gravel, and I don't know what it is. I got a poor road. I think this should be a consideration on the reservation."

Another thing he told me, "We don't have no water, no running water, we have to haul water with a wagon." So I told him, "Well, you ought to come up here and tell them that you need water, until you get to drill some well for your home."

Then he said, "Another thing I kind of talk of here, but I'm afraid," so he told me, "only one thing for us Indians what we need is." He was talking about diabetics. He said, "We all need good sweet stuff and stuff like that. But later years, when you get old, you start to have a sugar in your blood, or whatever you call it." He said, "What we Indians need in the reservation throughout, we need a central place for these diabetics. A big hospital on each reservation is what we need," he said.

"If we put this Indian in the hospital, diabetic," he said, "even if it was a little hospital near an Apache Indian Reservation, or to his home," he said, "still that diabetic Indian has to be taken care of, pretty much every day and every night, so what it looks like to me is that we need a hospital, a special hospital for the diabetic, where an Indian can go and stay there until he gets well."

This is what he was talking about. So I thought I'd just bring that up for your consideration. I've enjoyed myself here with my other people that came down from Mescalero. There's about 30 of us here that came on the bus, and I'm glad that they called me here so I thought I'd put a little five cents' worth in here to think about.

I've been Chief Judge and I'm retired now in part. So, my Indian friends, do all you can on your reservation for your people. Anything you can do to help them, help the old people. That's the only way we can get along. I sure appreciate this time they've given me, I appreciate it all, thank you all.

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Juana Lyon: Thank you very much, Mr. Magoosh. We now have a young lady who is willing to be an interpreter for Mr. Paul Williams. Her name is Doris Toledo, and she's from Fort Defiance, Arizona, of the Navajo Tribe.

Mr. Williams asked me, "Is it all right if I make a long talk?", and I said, "Mr. Williams, you are here because we want to hear from you, and you take all the time you want because this is why we're here," and I hope you agree with me.

Mr. Paul Williams (spoke in the Navajo language, interpreted by Ms. Doris Toledo): Hello to everyone, to all my Navajo people and to all the different tribes that are attending the conference, and many of you are a long ways from home. I want to thank each and everyone of you for giving this conference for elderly people.

Before I start, I want to give a brief history of myself. My name is Paul Williams, Sr. My home is from the Steamboat Chapter area, which is located on the Navajo Reservation. On September 20 of this year, I will be 80 years old. I have been with the Tribal Council; I'm one of our formal tribal councilmen, and I've been in that position for 16 years under the Paul Jones administration and also under the Nakai administration. I have also been the Chapter officer for 21 years in the Steamboat area.

I'm thankful for being picked from the Steamboat Chapter. I was picked by my people from there to attend this conference, and I am very thankful for that. I was willing to accept coming over here to attend this conference, because I feel that maybe this is another way that I could help my elders by speaking for the older people, by speaking for all the young people, down to the babies. That is the reason why I attended this conference, so I can speak for them, not only for my area but also for all the other people in the other locations, the whole reservation wide, including the "checkerboard" area. I did not figure to speak before this group, and I appreciate it very much when I was told I would be up here speaking to you people. I don't understand English too well, and I don't speak it too well. I have learned very little of the English language. I can communicate just very little, when talking to people close by, but not to a group like this, and it is hard for me to speak to a big group of people like here. I have spoken in Chapters, but nothing like this. That's the reason I asked for an interpreter.

As you know, the Navajo Reservation is one of the largest reservations in the United States, and our Navajo population is one of the largest, also. Many of you know, we live far apart; we are very isolated. I want you people to understand and be aware of this problem that we have here. Because of this largeness on the reservation, we cannot see each other very much, just once in a while.

The first subject that I will come to would be in reference to the old age homes. We have one facility that we call the Chinle Extended Care. This is located in the Chinle area, and that is the only facility that we have on the reservation. So you can imagine, with that one facility taking care of one big whole Navajo reservation. Most of our old people have always lived in the hogan, and it is very hard for them to adjust to a facility like that. Many of our elders were also born and raised in a hogan, and many of them had a hard life. They are not used to anything foreign like we have today. Many of our people are sent to the Chinle area to the facility that was located there, and they are very lonely. Old people always tend to think of their home, their land, their children, and that is why they get lonely when they are over there. They do not want to leave their homes, they do not want to leave their families, they do not want to leave their grandchildren. That is why I think a facility, just one small facility like that, is hard for our old age people.

We have 102 Chapters on the Navajo Reservation. They are called Chapter areas. I guess many of you people do not understand what we mean when we say 102 Chapters. They are small communities on the reservation, and that's the way we refer to them, because the state always wanted the Chapter areas. I think in our 102 Chapter areas, we should have one central location for old age people at the Chapter House. There they can be visited by their families, their children, and they would not be lonely because they will be right there in their own area, in their own home. I think, I think about this way and that seems to me to be a good idea.

I want those people that are involved with this conference, the people from Washington, to be aware of this problem, and I want them to see if they can get us funds so that we can build these facilities at each Chapter area. Many funds come from Washington, but we do not know where these funds go. We just get very little of this money, maybe it is because we are too many. I know, most of it goes to the white people. Anything that is left over, we get, and that is not very much. I think we should get separate funding for our old age people. This is the way I think about it.

It is hard to grow old. When you grow old, you go blind and you become deaf, and it is very hard to get around. I am that way. I wear, I can not hear too well because I wear a hearing aid, and that's the reason why I wear a hearing aid. Also, it is hard to chew, when you grow old it is hard to chew food, and that is why maybe we are not in good health. Most of the money that comes in for us takes care of our young children; we don't have any funds for our old age people, so they can purchase dentures.

Another problem that we have is transportation. Many of our Navajo people are attending this conference, and they are aware of this problem. Many people, maybe even you, think that we have cars and trucks, and whatever you might call it, but many of our people have no transportation because they do not have the money to purchase anything like that. Our old people that are located in Chinle do not get visitors from their families because of this problem, and it is very hard to visit our old people in Chinle because of the great distance involved on the reservation. It is also hard for those that have cars to purchase gas. Gas costs too much nowadays. Many of them do not have the money to purchase gas. They don't even have the money to purchase food. That is why I think we should have an old age facility at our own Chapter area. It is hard, many of our people are always on foot.

Many of you people are from different areas, and our problems, I believe, are all different. Our Navajo problems are different from yours, that is the way I think of it. I have been here for two days attending this workshop. From what I could gather and understand, our problems are different. I feel that this workshop should be held again, maybe two or three more times. I also feel that we should have our own conference on the Navajo Reservation. We have five (sub-) agencies on the reservation. If we can have one conference in each of the five (sub-) agencies and gather all of our Navajo elderly together, we could understand and become aware of our own problems. But that is all right; this is just a beginning, this conference that we have here is just the beginning. When you first start something, it is hard, but I am glad that we have this conference. If we could continue to have this conference for our elders, we could get many of our problems solved. So now you understand what our problem is, and I want to thank each one of you for listening to me and for the privilege that we attend this conference.

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Mrs. Lola Garcia (Acoma Pueblo, New Mexico): My friends and senior citizens, I'm proud to be here, to go over our senior problems. We have some problems with the seniors, and the settling is overdue. Our problems are similar to what you have been putting before us. The problems which have been put before you are just like some of our problems, what I have to speak about.

I was sent over by the senior citizens from Acoma (Pueblo), and I am a retired postmaster. I served 41 years in that job in my own home and, right now, we have our aging programs, and we don't have any transportation for the senior citizens. We have to ride in the AA vans and go to dinners, but we have to take turns because of a required number of alcoholics, all of us don't get transportation, so we take turns. Some go on Monday and then throughout the whole week, but we have to borrow whatever we're going to ride in, and that's what I would like to ask for, transportation to three different areas. We are all scattered along a stretch of unpaved 20 miles, and we live some of us on one side, and the other on the other side, and then we just use an old building which was used by the Headstart some years ago, and our refrigerator doesn't work good, some windows have been broken many times, and then, of course, we have a stove, too, that is old, but that's why I'm here that somebody might help us to get these things.

We do need three buses because the ones in Acomita, that's quite a ways down, have to ride to this place where we eat, and then we need one in McCarty, that's another place, and we all go there together to eat, and one in Acoma, that's the Sky City up on the mesa. Some of you might have been there.

We got no transportation to go anywhere for shopping or anything. We do need that very badly, and every day we have to borrow our transportation and whatever kind we get, we go whatever time they come for us. So we do have problems on our transportation and then our stove and refrigerator, and if we had a kitchen or something like that, that would help us quite a bit. We could walk to wherever the kitchens are, but we don't have any buildings, either, for a kitchen. We need one at Acoma, that's the Sky City, and one at Acomita, and then we have this old building in McCarty which was used by the Head Start, and so they asked me to speak about these here, the senior citizens from Acoma Pueblo.

We number about over 400, but we don't often come to eat. We have some that really can't come, so instead of serving them hot lunches, they are given sack lunches, so those are the problems we really do need. Maybe we could get help through some of our people here, at least to help us get the money, and we all meet upon the same needs what we've been talking here. I'm very glad to be here because this is the biggest conference I've ever been to. Our people are all from different places in the United States. I hope some day we'll meet again. But we, from Acoma, would like at least the buses and all those. I hope we can get some money at least to help us out. I know you have the same problems as we have. That's about all I can speak about. Thank you.

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Jess Stevens (San Carlos Apache, Arizona): Thank you very much. Mr. Chairman, fellow Americans, we are gathered here for a reason. I think it wonderful to see many, many Indians. I think the people, the Indian people, should have a lot of respect for their elderly people. They are the pioneers of their respective reservations. Many times, I'm out riding or, many times, at home watching some of the older people walking by. It hurts me.

He (the old person) has done a lot of work among his people in his younger days. I have done a lot of work for my people because I love them. As I said before, I have spoken before a large body of people, and everything was for the people, for the Indian people. Whenever we have a meeting, and I respect the State of Arizona, I speak in behalf of the Arizona Indians, but today I see many, many other tribes from all over United States. Therefore, I am speaking in behalf of all the American Indians that are gathered here today.

I've heard people speak about different legislation. I've heard people talk about old people's homes. I think, many times people have hollered about their problems. But, you know, you have to think before you speak. You may be reproaching somebody that is not responsible for our problems. I think we should speak to the proper people in our respective states, and then, when we come back together again, maybe in a year or so, we will bring those problems together. Make it as one.

Now, the proper people to talk to is the State of Arizona, those of us who are in the State of Arizona, to go to the State Legislature, because all the program here ties in with legislation. It has to go through there. I think many of our leaders should spend a lot of time thinking about the state legislation. This is very important. As I said before, the Intertribal Council can be a very, very good weapon to use in the State of Arizona, and to those of you that have come from other states, do likewise. The Intertribal Council, they have the whip in their hands of electing their state representatives.

There are many of us. There are seventeen different tribes in Arizona. I think we can control the voting franchise in the State of Arizona. People should learn how to vote, take advantage of their voting because, as you see now, this is the only way out. You can get about 75 to 80% of Indian vote if we use that right. We can take that guy out, or we can elect that guy that has a sympathetic understanding, I should say. Those are the kind of people we want to represent us from various districts in the State House.

I also think trips should be made to Washington on many of our problems, and pound on that desk just a little bit harder and holler just a little bit louder to those people that are representing us from here. I've done that many times. I've got good results.

Some of the people were talking about old homes, old people's homes. I know, in my reservation, there are many people who have been sent out to other parts of the town other than the reservation, and many of them come back in a pine box, which is very sad. The old pioneers of our reservation should have a rest home right there at home. At this time, my tribe is working on a rest home on the reservation rather than sending them on. They die of loneliness, they die hungry. They are not getting the right kind of food. Of course, to some of us people that kind of food is good, very well balanced food, but the old timer is used to eating his native food. He gets hungry for it. I myself do get hungry for it once in a while. I push the white man food to one side, I bring in the Indian food, and I enjoy it very much. This is the way it is with the old people.

We must remember, as I said a moment ago, that we must have respect for the older people, a lot of respect for the older people. Speak to them, make them feel at home. Make sure that you're not hurting their feelings, and the same thing goes for speaking with people. Think before you speak, you might hurt that poor guy's feelings. Be sure that you know what you're talking about. This is the way I feel. And as you know, all of you Indians here have problems that you want to bring before the panel. But please, do it with respect because, no matter how much we holler, it's not going to do us any good. It always has to go through the so-called "big wheels" in Washington but, before it goes there, I think we should holler in our own respective state to the State Legislature. But you got to have a little diplomacy about how you present your problems to the people, especially to the ones that are in the official capacity.

Many of the people here have gone or have shed their Indian way of life. They have assimilated into the white races, white people. And many of you are Indians like I am. I don't feel that I should come up here with a chip on my shoulder because those whom we are approaching are human beings like we are. There are many problems coming up ahead of us, we must think about those problems, we must plan five years ahead. We must plan ten years ahead, if we can. Many of the Indian people have talked about long range programs. Long range programs are all right if the Indian himself does that long range programming. Don't let the BIA people, or don't let any white man tell you what to do, what you should do on your long range program. I think the Indian himself, he knows what he wants, he, himself. I think to get together with some of his leaders and plan his five, ten years ahead, twenty, thirty years ahead. This is good, but I don't believe in getting some BIA official to come down and sit with you and say, "Now, Mr. Indian, this is what you want." It isn't what he wants; it's what *you* want.

I think many of you don't feel that way because you are an urban Indian. Why are you and urban Indian? Why? Because there was no job on the reservation where you come from. The kind of job that you follow is in Los Angeles, and Chicago, or Ohio. This is the reason why you're there. If you had plenty of work on your own reservation, you wouldn't be an urban Indian. I have done that myself. Many years ago, that is.

Some of these people seem to think that, okay, we're doing fine, we're really doing fine, I've got a good job, I make nine, ten, 900, 800, 900 dollars a month, per year. But that urban Indian will come back to the reservation when it's time for money that we are suing the government for per capita payment, they'll hear about it, and then they'll come back. I have nothing against them working out of the reservation, which is wonderful. Sure, we don't have the jobs on our own reservation, but they must never feel that they are better than we are, I don't think so. I really don't believe in that.

And, as I said the first day I was here, we must unite and try to bring our problems together and bring it to the proper place, to the proper people in Washington or on our state level.

There are people down here, just a few miles away from us, where we are at today, that are being pushed out. That is the Mohave-Apaches, the Yavapai Apaches, they call themselves. Many, many years ago they were with the San Carlos Apaches, they lived right in that area where Coolidge Dam is now. There's a very good example of that, Coolidge Dam. At the dedication of the dam, Coolidge, President Coolidge, came and dedicated that dam and told the Indians, rather the Apache Indians, "My people, your brothers down in the valley need this water very bad. I'm glad that you have permitted us to have this dam for their benefit".

Even my Indians, we thought that would be good. It would be good, be good for these poor people in the lower part of the country. And we were also told, "You Apache Indians here will be getting free electricity," and today, we pay bills. That promise was never fulfilled. I think we are obligated to the United States Government. They have accepted that responsibility, now they're trying to push us off. I don't think it's right. I think the responsibility, the promises that were made by the U.S. Government should be fulfilled.

Ladies and gentlemen, I'm afraid I'm taking too much time. Time, as you know, is of the essence, time is moving on fast. I will, as long as I live, I will speak in behalf of the American Indian people, and I mean it. I mean just this: I'm not going to go before Congress, I'm not going to go before the State Legislature or other people that are responsible for many of our problems with a chip on my shoulder. I'm going to go there and have some diplomacy about me and ask in the right way, more or less beg the right way, because I alone, I'm not the power.

The people of the United States, when they landed back on the east coast.... As you know, this year everybody in the United States is celebrating what they call bicentennial celebration. I don't believe in bicentennial celebration. I was here thousands of years ago, before they came across. To me, that's just a lot of fun for those people. From then on they pushed us, pushed us, pushed us to some of the land that they thought was worthless. Today, those lands that they've pushed us to are valuable, good grazing country for our cattle, good mineral country for many other reservations, they are finding that out now.

Probably, these Mohave people up here, maybe there are places up there where geologists, surveyors maybe, have spotted some rich minerals somewhere within that area, and they want that dam, pushing these poor Indians off, paying a few thousands of dollars. That few thousands of dollars is not going to last, then they are going to put them out somewhere in the Yuma desert. That's not right. Let's think of that, all of us here, when you go back to your congressmen and go to your state officials, please beg them for the Mohave people so that they can retain their land rather than be pushed off. They were pushed off one time for Coolidge Dam, now they migrated over here to a place called Fort McDowell. They're doing the same thing to them again, where are they going to put them next? This is something that we have to think about. Now, ladies and gentlemen, I thank you for your time, and I thank Juana very much for asking me to come up and say a few words. Thank you very much.

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Ted Evans (Navajo): I know that a lot of my needs of the Navajo Reservation are none like your needs out in different parts of the country. But we know, regardless of where we go, we have elderly people that need the assistance in being able to live out their lives in such a way that there is some appreciation for the things that they have put into the lives of the younger generation that are following. I'd like to say just a few words on some of the things that I've jotted down this morning.

It might be of interest to those that are not closely adjacent to the reservation where I'm from. We do have land equivalent to 125,000 square miles. I think half of that is very arid, and it can be used very minimally as grazing land. It's not as good as some of the other reservation lands that we have come across. But still, it's bigger than the volume of land that is allocated to my tribe of people in northern Arizona.

We cover an area of 125,000 square miles, and it extends into three states. It did extend into four states, but I think they designated a portion of Colorado as no-man's-land. It doesn't really belong to anybody as yet. It is still under discussion as to who will have it. At this time we, I would like to say that, whenever we do have a program, we have to deal with three states, and it's Utah, Arizona, and New Mexico. And as we go up a little farther, we find ourselves having to deal with three Regions, especially when it comes to federal programs. One of the (Regional) offices is in Denver, the other one is in Dallas, and the third one is in San Francisco. So, anything that we would have to do with programs pertaining to the elderly, the states would have to go through those offices and then possibly, if we're fortunate enough, our paper work goes from there to Washington.

Again, we have the same problem with the states. We do have three states, like I said. When you deal with the people of Utah, you have to go to Salt Lake. When you have to deal with New Mexico, you have to go to Santa Fe. When you have to deal with Arizona, you have to come all the way down to Phoenix. So this gives us a situation where we are kind of, more or less, alienated by distance and possibly, to some extent, by jurisdiction. They would like to be able to hold on to us, but I think their arms are not quite long enough, at least the money is not that long. But we do have to conform in a lot of cases to statutes of the states, and this is what is making them fight hard to build a big enough program that would encompass the reservation.

We have, at this point, very close to a good figure of 14,000 elderly living within the 125,000 square miles of country out there on the (Navajo) reservation. Our money system on the reservation is quite small, we do have federal programs. We do have different things going, but the money doesn't go very far, so we have to continue to request outside funds, outside resources, and we do get some help from other federal programs within the areas but, as was mentioned, there are five (sub-) agencies that are situated just about as far apart as they could possibly be placed, so that they could cover areas within the agency. We have five (sub-) agencies and then, of course, again we do have some little small reservations that are off the main reservation portion of our country, so these are the kinds of things that we have to contend with.

Then there was mention of the needs, I don't think I need to go into that. I think that has been brought out to light on the different things that we have. I would like to say at this time, the laws or the regulations, the guidelines that are set out have to go from brother to brother on down and finally comes to the nephew which might be us and, by the time it gets down to us, many times the language is such that we cannot understand it. We have to take it to some lawyers to explain it to us. And these kinds of things are barriers to the point where even small things and programs can get to be an intolerable obstacle in carrying out the type of programs that can be set up on the reservation.

So it's one thing to be able to get the money, it's another thing to be able to implement to the satisfaction of the people that are giving you the money and, many times, there are arguments in those areas. Many times, they'll say, you should not have done this, you should have done it this way; because you did not do it this way, we cannot give you the money. Then, of course, a lot of the times we have to fumble around trying to find enough money to cover the service areas that we set up. So, these are the kind of things that we run ourselves into.

Basically, there are more needs than we can shake a stick at, at this time, especially where elderly are concerned. We don't need to recap the different areas of services, but we know that there is a great need. I might just be a little older than I look. I've been around a little in the off-reservation areas. I'm seeing programs being permitted in New Mexico and in other areas but, as I come back onto the reservation, I find myself at a loss because, when you start a program, you are always reaching. You're trying to reach everybody that's out there. And many times, you spend days just trying to get to where they're at. which means accountability, accountability in being able to carry services is terrifically a backset because of some misunderstanding of people that hold the lead purse, possibly Washington, or at the state level.

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I wanted to bring this out because, again, we are pushing toward a situation that we would like to get assistance from the states. We'd like to have you understand our situation so that we could get assistance from you too, each one of you from different parts of the country or the states, rather. I didn't mean country, I meant states. But anyway, what I'm trying to say is, at this time, that we appreciate each one of you coming down and giving us the chance to give you some of the problem areas that we have, having you to understand that we need your help, that we would be looking to you for that kind of assistance.

Lastly, out of the group that we have mingling within the five topic areas workshops, we have brought our people back, many of them, and I worked just about as late as 10:00 p.m. I guess, except last night, I went to the pow-wow, of course. But for the evenings, I've been trying to come back to the group as much as possible word for word and give them some understanding as to what has transpired throughout the workshop areas. And I've had some assistance. Some of the boys have helped me and the lady folks and, right now, we are trying to put something together that would be included in the reports that would be brought in from the different workshops.

We're along with you. We're backing you up, your problems in the area of your resolving some of these problems. And we'd like to have a little input in that. I would appreciate very much at this time requesting that we would like to bring our statements, recommendations or resolutions, whatever it might be, when we get it ready, to get it in a group with your resolutions with recommendations. I thank you very much at this time.

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Elsie Basque (Micmac, Boston, Massachusetts): The first thing I would like to do is to express my thanks for this opportunity to speak to you on the feelings and needs of the more mature Indian people.

My name is Elsie Basque. I am a Micmac woman from Boston, Massachusetts. And like many other Native men and women of my age, I face the problems, the frustrations of being an older Native American. This does not mean that I am here to complain, to ask for sympathy for those of us who have lived more years than you. In the Indian world, it is not necessary to go begging. We are a proud people, no matter what age, what background. And yet, the facts of life are there. They cannot be avoided. To speak of the past, of the time when age was equal to respect, is not enough. It ignores the realities of a world where older people are treated as second-class citizens. Where our needs come last. Where our lives are placed on the shelf. Too often, we are expected to become spectators to the drama of life, not participants. We are put on the sidelines. Left on the bench.

There was a time when this was not true. When age and experience was a vital and dynamic part of the Native culture. Traditionally, the elders were held in high regard. They were listened to, honored, and included in the on-going life of the Indian community. There was no shame in having lived a good and full life. On the contrary, the older Indian was considered wise and knowledgeable. When problems arose, it was our answers, our advice and counsel, to which the people turned. We were the guides, the conscience, of the Indian nation. We were as much a part of tribal life as anyone else. We had our place, our home, among the family of Native people.

Now, the story has changed. Especially for those of us who must live in the cities. Our place has been lost. Our voice has been ignored. We find ourselves, like all older people, left with only pieces of life. There is no room in this society for us. We are extra, the stage props to a world concerned with youth, with what is new.

To speak more directly, to give you an idea of what I mean, I would like to outline three of the major areas of concern for the older Indian.

First, there is the question of adequate housing. It goes without saying that the majority of Native people in urban centers must live in substandard housing. In Boston, it is not uncommon to find three or four families sharing the same apartment. Because of unemployment, which affects some 55% of our population, the Indian people are not able to afford decent living conditions. This is hard enough on younger men and women, but for the elderly, it is critical. It forces them to become dependent on those who can ill afford to share either the space or cost to maintain an elderly person. Compounding the problem is the fact that older Indian people do not have the income to help in supporting a household. On limited allowances, either from welfare or other sources, the more mature Native person becomes a charity case.

Special homes for the elderly, already overcrowded by non-Indians, are not the answer. In many instances, they are far too expensive for Native people to afford. And even if they can meet the cost, the older Indian finds the environment provided by these homes sterile and disorienting. The so-called "rest homes" or "nursing homes" are a poor substitute for the warmth and security of an Indian family. If anything, they only maximize the loneliness and frustration which older Native people must endure.

Housing is a number one priority for the older Indian. Restricted in movement and opportunity, the place where our elderly must live is critical. It is ridiculous to expect that such a person can find real peace of mind either in an alien environment or in the cramped living conditions provided by city slums. This situation is a breeding ground for despair. It robs the elderly of the one pleasure they need the most: a comfortable place in which to live.

For this reason, I would strongly recommend that special attention be paid to providing decent, secure housing for the older Indian. This could be done either by direct assistance to the elderly themselves, or by offering supplemental aid to those families which include an older man or woman in their household.

The second concern for the more mature Native person is health. For the non-Indian society, old age is often defined by a cut-off point that has no reference to Native life. By this, I mean that a non-Indian is considered elderly at the age of retirement, 60 or 65. But few of our people enjoy such longevity. Native people in an urban environment have a much shorter life expectancy than the dominant society. In Boston, the average is somewhere around age 50.

The reason for this is very complex. It involves a number of factors, and varies with each individual. But in general, it can be stated that poor nutrition, inadequate medical care, and alcoholism play a major role. In other words, the Native person grows old much sooner than the non-Indian. Physically and psychologically, the Indian man or woman experiences the damaging effects of a life of poverty, disease, and neglect. The end result is that Indian people cannot be measured by the same standards as the rest of society. Their needs are not the same as those of other races or ethnic groups.

Suffering this condition, the older Indian person has special health needs. For one thing, proper treatment in anything other than a welfare clinic is so expensive that it excludes the older Indian. The long lines at most charity wards are not only humiliating, they are a direct threat to the health and well-being of Native people. Few Indian people, especially the elderly, will endure the gauntlet of waiting rooms and clinics. Consequently, the older person rarely receives the kind of medical attention adequate to their needs.

The other problem is the cost of prescriptions and drugs. Even with federal programs such as Medicaid and Medicare, the Indian man or woman remains isolated from proper treatment. Language difficulties, embarrassment, or ignorance keep our older people from enjoying the full benefits of such programs. Too often, the age restrictions on these programs restrict the Indian person. The alternative is the kind of medical isolation which accounts for the early death rate in our population.

The facts of life for health care in America are clear: it is an extremely expensive proposition. For this reason, I would also urge that more comprehensive programs be funded within the Indian community to provide preventive health care. This involves increased attention to both basic nutrition and alcoholism. Further, I would suggest that medical programs make special allowance for the Native American elderly by recognizing that our people reach old age at a much earlier time than is normal for the non-Indian. And finally, I believe it is essential that those older Native persons be granted the right to seek the services of the physician of their choice, rather than being subjected to the shame and discomfort of public clinics and hospital wards.

The third concern for the older Indian might be called the "happiness factor". This is not an idle issue. As I mentioned earlier, the traditional place of the more mature Indian was sound. In our society, the elders were an essential part of tribal life. This has been largely taken away by the dominant social order of the Europeans. Like the non-Indian, the older Native American must contend not only with health and living conditions, but with the more subtle problems of loneliness and alienation. To state it bluntly, the issue is a matter of personal value. The question which confronts the older Indian is where he or she fits in. What purpose they have in the youth oriented culture of modern America.

This difficulty cannot be solved by offering the elderly simple diversions. No amount of shuffleboard, checkers, or television can replace a lifetime of activity, of real meaning. What the older Indian needs is respect. A place in the Native community. A feeling of belonging.

Providing for this need is much more difficult than offering housing or health care. It is less tangible, but certainly no less real or necessary. In one way, it involves changing the mental attitude of the younger generations. But for Indian people, that is not as impossible as it may appear. Our culture has a tradition of respect for the elders. What we need is a chance to rekindle those ancient feelings. We need to return to the values of Native society.

To accomplish this, it will be necessary to provide for Indian culture. Let the older Indian have an opportunity to regain the dignity and purpose we once enjoyed. I would recommend that funds be set aside for this specific need. Indian centers, such as the one in Boston, should be able to offer meaningful employment to those older persons who want to share their experience and skills with the younger generations. And if employment is not the goal, then they should have the ability to provide social and recreational opportunities to the elderly. It is extremely important that Indian people have the chance to interact with one another. Programs for the more mature Indian people should be a definite priority for all Native American centers. If not, then the elderly are left idle and useless. They are forced into a kind of isolation that is dehumanizing and hopeless. The older Indian person has a lifetime of knowledge and experience. It is a sad waste to see this vital contribution ignored because of a lack of attention or money.

One final point that should be made is in regard to transportation. Few older Indian people have the means of transportation necessary to make their lives more enjoyable or productive. Either because of a lack of funds for public transportation or of private means, the elderly are kept immobile. Some allowance must be made for these people to have a way to get around. It's that simple. No one likes to be trapped in one room, but too often that is exactly the condition of our elderly. For this reason, special provision for transportation for the older generation is needed. This could be offered with a minimal amount of expense or inconvenience. And yet without it, the elderly Indian man or woman must resign themselves to a world of four walls. I strongly recommend that transportation be made a top priority for all Indian programs. The older Indian person deserves this chance to enjoy the activity and pleasures which other people take for granted.

In conclusion, let me again thank you for this opportunity to speak on behalf of the elders of the Boston Indian community. As I have said, we do not come begging. We are proud of who and what we are. We are proud to be Native men and women. But it is time that our voice was heard. It is time we regained our rightful place in the Indian world.

• • •

Stanley Janis (Oglala Sioux, Pine Ridge, South Dakota): It's before noon, so I will say good morning to everyone of my Indian brothers and sisters. It's a joy to share my little ignorant knowledge with you people this morning.

You know, I'm getting tired of being a guinea pig for the white man. If you don't understand what I mean, a little animal they call him the guinea pig, and they shoot all kinds of sickness into him, and then they try to doctor him, and if this little animal dies, there's nothing to it. That's the way with us Indians, we're guinea pigs, and the PHS hospital is a wonderful hospital we have. We have plenty of help, but they have a very poor system for the Indian people.

The first thing I wanted to say, when we are ill, very sick, we run to the doctor, we go to the clinic, and they say, "You go on to the hospital," then we come to the hospital, what happens there? They take our name and we sit there for two, three, four, five hours, and we have no place to lay down. We got ailments, we are sick, we want to rest, but we have to sit in a little close chair one position and wait, wait, wait. Sometimes we get impatient, and we go home with our sickness and pains. Sometimes we die on the way, sometimes emergency cases come in. They just go to work and give them a little bottle of pills....

One time, I was sick, my feet was swollen up that big, there was something wrong. I'm too big, and I'm afraid I'd break them crutches, so I had to crawl. I went to the emergency room, and they picked me up and put me on a stretcher. I laid there on that stretcher three hours. They put me in there. They took a picture of it. I came back and I laid another hour and a half. I never seen a doctor, no doctor, but there was a little Navajo nurse, a young lady, came over. She said, "Here's your medicine," so they took me out and I got in the car. I had to ask the neighbor to bring me over, and she was patiently waiting. Put me in the car to go home. I looked at this, at this little bottle of pills again, again pills. I looked at it, and it said, "For fever and headache." I didn't know that my headache was down at my feet!

But then, I went over there again, and the man, the neighbor of mine, he can see to get around, but he's just like me, I just see blur over you people because I got cataracts. I've got high blood pressure, I got arthritis, so this one particular man from in my neighborhood he can see and get around. So therefore, this man went to work, you know, they took him over here and operated on his eyes. Now today he's worse, he's blind. They have to lead him around. That's the kind of eye specialist we have over there. They give me some glasses, about two, three, four pairs of glasses. I try to put them on, but my eyes are so bad, any kind of glasses aren't going to help me, but I'm afraid to go through an operation because I might be worse off than what I am. I still desire to look at people.

My dear people, I'm Oglala Sioux Tribe, but during the depression I ate up my last dog and my last sandwich, and I left there on a freight train. When I came to Phoenix, Arizona, I had a pair of pants that were so dirty I'd take them off and they'd stand up themselves. I'm so happy that I got into the Phoenix Indian School as a special student, and I had to pay my own way so, summer time, I go out and work, they take all of my $150 a semester. I went 4½ years, and I've got my master's degree for heavy duty mechanic, diesel mechanic, and I made some wonderful good money when I was able, but today my little Social Security is only $115 a month, and I'm having a hard time to live on that. I have to pay my water bills, light bill, my gas bill. If I pay all that, then I don't have nothing to eat, that's why I'm so skinny. I love you people because I'm one of you, and you're one of me. No matter what we are, we're all guinea pigs, and we're still prisoner of the war of BIA. I thank you and God bless you all.

Jess J. Stevens (San Carlos Apache, Arizona), Member, National Indian Council on Aging

Tribes Represented*
at the
National Indian Conference on Aging
Phoenix, Arizona—June 15-17, 1976

Ak-Chin
Alaska Native
Apache (Camp Verde)
Apache (Fort Sill)
Apache (Jicarilla)
Apache (Mescalero)
Apache (Mohave)
Apache (San Carlos)
Apache (White Mountain)
Arickara
Assiniboine (Fort Belknap)
Assiniboine (Fort Peck)
Athabaskan

Barona
Blackfeet

Caddo
Chehalis
Chemehuevi
Cherokee (Eastern)
Cherokee (Florida)
Cherokee (Oklahoma)
Cherokee (unspecified)
Cheyenne (and Arapaho)
Cheyenne (Northern)
Cheyenne (unspecified)
Chickasaw
Chippewa (Bad River)
Chippewa (Turtle Mountain)
Chippewa (unspecified)
Chitimacha
Choctaw
Chumash
Clallam
Cocopah
Coeur d'Alene
Colorado River
Colville
Comanche
Coushatta
Cowlitz
Cree (and Chippewa)
Creek
Creek (and Seminole)
Crow

Delaware (Eastern Oklahoma)
Delaware (Western Oklahoma)
Diegueño
Duck Valley (Shoshone Paiute)

Euchee (and Creek)

Fort Berthold
Fort Mojave

Gros Ventre (Fort Belknap)
Gros Ventre (unspecified)

Hassanamisco-Nipmuc
Havasupai
Hoopa
Hopi
Hopi (and Choctaw)
Hopi (and Hualapai)
Hopi (and Yavapai)
Hualapai

Iowa

Kaibab-Paiute
Kalispel
Kaw
Kickapoo
Kiowa
Kootenai
Kumeyaay

La Jolla
Luiseño
Luiseño Pauma
Lummi

Makah
Mandan-Hidatsa
Maricopa (and Pima)
Maricopa (Salt River)
Menominee
Micmac
Mission Los Coyotes
Mohave
Mohave (and Pima)
Mohave-Apache (Fort McDowell)
Mohawk
Mohegan
Muckleshoot

Navajo
Narragansett-Niantic
Narragansett
Nisqually
Nooksack

Omaha
Oneida
Osage
Otoe-Missouria
Ottawa

Paiute
Paiute and Shoshone (Fallon)
Paiute (Walker River)

(CONTINUED)

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*Tribes were recorded as listed by participants. In the Case of individuals with multiple tribal heritages, the additional tribal affiliation(s) are listed in parentheses.

Paiute (Yerington)
Papago
Papago (and Pima-Gila River)
Papago (and Pima-Salt River)
Passamaquoddy
Paugusset
Pauma
Pawnee
Pennacook
Penobscot
Pequot (Eastern)
Pima (Gila River)
Pima (Salt River)
Pima (unspecified)
Pima (and Crow)
Pima (and Klamath)
Pima (and Paiute)
Ponca
Potawatomi
Pueblo (Acoma)
Pueblo (Cochiti)
Pueblo (Isleta)
Pueblo (Jemez)
Pueblo (Laguna)
Pueblo (Nambé)
Pueblo (Picuris)
Pueblo (Pojoaque)
Pueblo (Sto. Domingo)
Pueblo (San Felipe)
Pueblo (San Ildefonso)
Pueblo (San Juan)
Pueblo (Sandia)
Pueblo (Santa Ana)
Pueblo (Santa Clara)
Pueblo (Taos)
Pueblo (Zia)
Pueblo (Zuni)
Puyallup

Quapaw
Quechan
Quinault

Resighini

Sac & Fox (and Absentee-Shawnee)
Sac & Fox (Iowa)
San Pasqual
Seminole (Florida)
Seminole (Oklahoma)
Seneca-Cayuga
Seneca (New York)
Shoalwater
Shoshone
Shoshone (and Bannock)
Sioux (Cheyenne River)
Sioux (Crow Creek)
Sioux (Eastern)
Sioux (Fort Peck)
Sioux (Lower Brule)
Sioux (Oglala)
Sioux (Santee)
Sioux (Sisseton)
Sioux (unspecified)
Skagit (Upper)
Skagit (unspecified)
Skokomish
Squaxin Island
Stockbridge-Munsee
Susanville Rancheria
Swinomish

Tlingit
Tonkawa
Torres-Martinez
Tsimpshean
Tulalip
Tule River
Tunica-Biloxi

Umatilla
Ute
Ute Mountain
Ute (Southern)

Viejas

Wampanoag
Warm Springs
Washoe
Wichita
Winnebago (unspecified)
Wintun

National Indian Conference on Aging
June 15-17, 1976
Phoenix, Arizona

Summary of Conference Evaluations

*Total Evaluation Forms Completed	247
American Indian or Alaskan Native	240
Non-Indian	7

Age Group:

Under 45	43
Over 45	55
Over 55	84
Over 65	65

Did you get any information at the Conference which is interesting or useful to you?

Yes	232
No	6

Did you meet Indian people or agency representatives at this Conference with whom you will get in touch in the future to receive information or help with services to the elderly?

Yes	217
No	24

Do you want to attend future National Indian Conferences on Aging?

Yes	232
No	6

Do you want to be informed of future conferences on aging?

Yes	217
No	3

*Not all respondents answered all parts of evaluation.

Conference Evaluations—Additional Comments

WHAT WAS GOOD ABOUT THE CONFERENCE?

The interest generated as the result of the older people discussing problems that directly affect the aging.

Finding that needs of reservation and urban Indians are no different; only locality changes. Being with such a large group of your own people gives you the greatest feeling in the world—beautiful and friendly.

It was the first time the Eastern Indian had been invited to sit with our Western brothers and sisters and share our same and mutual problems.

Those of us who have never attended the conference got information at the conference that is interesting and helpful to us elderly citizens.

Workshops

Problems of different states of elderly.

Nationwide tribal representation. Opportunity for the common man to voice his opinion and contribute to the end results.

Old people of all tribes brought their needs on aging and problems.

All workshops of: I. Income; II. Personal Environment; III. Legal Problems; IV. Physical Well Being; V. Legislation, Direct Funding.

The conference is well done because the elderly people had a chance to talk about their needs. It's a common problem everywhere, regardless of location or tribe.

Opportunity to state our problems about back home community and elderly people.

Health

Health Programs

What I would say—it was the things that we Indian people did not know but we found out about.

All the five workshops which were programmed.

All of the subjects on income, health, legislative, culture, etc.

Being among many tribes.

The address given by Wendell Chino; the workshops were interesting and helpful; the scheduling of tribal dances were good.

All that was set up—Programs: Income; Personal Environment; Legal Problems; Physical Well Being and Legislation. (2 respondents)

It was very informative and brought so many of our people together to represent the love and understanding of our many problems of not only our aged, but of *all* our people. We will all benefit from what we learned.

It seems all tribes have the same needs and all worked hard in unison to have these unmet needs met.

I do like very much about conference.

The conference was very interesting as this is my first time to come to conference. I was glad that the Indian people gave their views on many concerns in their own village.

Togetherness with other American Indian tribes to present our problems to NICOA-NTCA. Everything that was presented at NICOA was very useful and future references, all very interesting subjects.

Attendance and Indian participation.

That it was all Indian conference where we exchanged ideas and information from each other; how best to help ourselves.

Physical Well-Being, Legal Problems and Environment.

It was countrywide and I met people from other areas of the country. I've gained information on problems of the elderly and probable solutions yet pending.

Representatives from all tribes across the country.

Meeting Indians from every part of the United States.

Meeting all the people; things discussed and planned.

The environment of different tribes brought into this conference.

Taking part and making a few statements for all the aging people. Enjoyed it—a fine get together.

The discussions of problems on the aged.

The assembly in the mornings. It was very well organized.

Workshops, but should have more.

The meeting was orderly.

Finding out more about aging programs.

That most Indians were looking for unity among *all* American Indians.

All topics concerning the aging programs. Enjoyed meeting all American Indians. It was great conference in which all Indians discussed their most important needs.

Location; the way it was handled.

Discussion of every need of elderly like income, health care, housing, etc.

Our problems are the same over the country. By meeting and discussing the problems, we will be able to band together and get many problems solved.

Meeting with people from different areas of the country.

Interesting information about aging.

Meeting people and discussion of problems you have within reservations.

It benefited old people.

I like it very much; interesting to get to know many things I never knew before, and get to know many good people from other tribes.

Meeting and getting to know all the different tribes.

A few Indians were given a chance to express their problems, etc.

Much information and experiences. Met old friends and made many friends, leaders.

I like everything about the conference; meeting with all the different tribes and discussing our problems with them.

The *real concentration* that dealt directly with the problems of the aging. The workshop on Physical Well Being which I attended was extremely well run and was most informative. I feel this conference has been very successful.

Listening to other tribes about their problems and meeting other tribes.

Listening to all the problems and questions being asked about the different things that could be done and where all these helpful agencies could be contacted.

Discussed all about old age and how we all will try to get money and help for our people.

In knowing where we stand and hoping that things would be improved for our younger children when things are all in order and for our needs.

I had a chance and maybe once in a lifetime opportunity to meet some various Indian tribes. They are indeed very friendly.

Meeting so many different tribes and hearing their problems which are very similar to ours; their concerns the same; their goals so alike.

For such a large group the system was very well organized. Agenda schedule was kept to quite closely. Met old friends and made new ones.

Friends.

Future funding for the elderly people.

The information that was not known to me, but through the resource people they explained what I needed to hear and know.

Met many old friends; well organized, entertaining, and the accommodations were very good.

So many things were explained that I never have heard before.

People who spoke clear enough for our elderly to understand.

Indian expressed himself of his concern of the elderly and other problems.

The conference is a very monumental effort in bringing together and making a concentrated effort at outlining needs of elderly. There was truly a united effort.

Not sure.

Most everything.

Meeting people; conference on aging all about Senior Citizen.

I like it because it helps me to learn more about elderly people and also to help them if they needed help.

Together and friendliness.

Everything. (2 respondents)

All the tribes from different states in U.S. give out their problems and needs for our old people in U.S.A. As I'm Navajo, I do appreciate the resolutions and recommendations that are made for our Navajo and to help the other Indian from other states.

Different Indian tribes.

Meeting people at conference on aging and hearing their problems.

All the Indian tribes got together and expressed their wants and needs for the elderly.

Meeting with different tribes and receiving different information from others.

It was largest concentration of Indians across nation. An opportunity to exchange ideas, to explore the problems of aged and to come up with a more constructive and unified approach towards solving them. The exchange of cultural ideas from Indians of various tribes.

Meeting some Indians that have the same problems the same as mine. The main thing I am interested in is health and elderly concerns.

That all Indians have had the same problems for so many years and have suffered along in these years.

Wide representation on tribes and geographic areas.

Finding information on Social Security from Mr. Flemming. Needs of different Indian reservations to be presented for funding. Meeting different tribes from various states, culture, home life, climate.

The workshops.

Discussion on water, housing, electricity, roads and communications. My community is called White Rock. It's an isolated area. We need those that I mention above.

The workshops, the topics discussed, and the smooth operation of the workshops.

Recommendation on direct funding from *Bill HR 3922*.

Representatives from all tribes and states. Total representation!

It was good to see so many Indian elderly that attended the conference; also from so many different tribes.

Social Security benefit to raise required earning $2760.00; to increase funds for elderly programs.

Elderly input, inspirational speeches, participation.

Open discussion; time for questions and answers; prompt conduct and orderly yet flexible manner of conducting meetings.

This is the first time I am involved in this conference and it is very interesting, because this is the place where our tribal leaders have heard our needs.

The response to questions asked. There seemed to be a sincere interest in telling persons pose their questions—or rephrase. Not a rushed attitude for the elderly.

Oh yes, very good.

I liked everything that was said concerning our complaints which were all similar.

That all nations getting together.

All workshops were meaningful, where everyone that spoke brought their grievances to share with other tribes that were there.

Physical Well Being, hospital care, environment, nursing home close to reservation, transportation service; Income.

The total involvement of more Indians from 50 states.

Trip and all American Indian people, and meals and lodging; discussing problems and needs with all nationalities, forward the recommendations and resolutions for more funds to meet the Indian people's needs.

Prompt attendance; good chairmanship.

Prompt attendance and good chairmen.

It was very informative. It was also nice to know that the same concerns and problems are the same throughout the United States. Now action is in process to make these corrections.

The large number of Indians from the many areas of the U.S., both young and old.

It was very good. I enjoyed all the workshops very much.

Meeting other tribes and talking about their problems or need of certain things.

Listening to other tribes' needs and also how they carry on their programs.

Information for reference in future. Learned the needs of people (Indian) are similar.

Very informative.

Seeing the people and hearing about their problems. Seems like they have more problems than Indians in California with Social Security income, and less too. The conference gave me a chance to meet other people and discuss our problems and exchange ideas. I liked the entertainment. The chicken scratch was fun!

Funding on aging people.

Topics discussed and gathering of all tribes.

The different workshops.

I liked it very much, meeting so many interesting people; also enjoyed the dances, liked their beautiful costumes and nice cool room to sleep in.

I like the conference here in Phoenix as I enjoyed being here and have met some nice people. They were really friendly and nice place and sure appreciated being here and have been treated good service. I have learned much and happy know many of us are interested in our elder people. These three days I've been with these different Indians from different states and have discussed the needs of their elder people and have made some recommendations to be recognized by our leaders or Congress in Washington, D. C. (sic)

Planned for old people or aging program.

To me it is very interesting. This is first time I have attended a conference on aging. I'm over 55 years old and would like to learn some more about aging.

I think we is good to have our conference for the tribe. (sic)

All.

Information on SSI and hearing other people's problems.

Five workshops on aging.

I enjoyed the enthusiasm exhibited by so many elderly Indian Americans.

Panel discussion was of interest too, which included questions and answers.

The coming together of Western and Eastern Indian people. I would like to thank the conference for inviting us state reservation Indians. Have met and talked with so many who were most friendly, as Indian people should be to Indian people

Many problems brought up about elderly people because I'm an elder myself. Many tribes present who talked very interesting.

The Indian people from all areas getting together to get care for the aged; also, the young Indians who were interested (the future elderly), and the sincere greetings from the Arizona Indians.

Meeting the many different tribes and finding out their problems also—but I made the effort to go to them and talk with them individually. They know best their problems and feelings.

Everything—mostly the efforts being made by all of us. Every effort made by each group, any group. *They* know *best* their problems. The aged showing they can be a forceful force.

Everything—It brought out a lot of problems that I didn't know existed.

The thing that I like about is knowing different kinds of tribes.

I have met and talked with a few people from other tribes on aging, and most of all I learned more about our Senior Citizens' needs. I very much enjoyed the workshop topics.

Physical Well Being (2 respondents)

That American Indians are getting together to do something for our aging elderly; enjoyed arts and crafts.

Seeing so many of the elderly attending and sharing their problems; also, the fact that the elderly were given a chance to talk.

Good attendance and participation.

I like housing for old age.

Responsive participation in all parts of conference and issues discussed; sincerity of interests.

The way it was run.

The many national Indians present; courteous to everyone, sharing our and their ideas. It was wonderful to be one of the participants. I've met friends I've met in other national conferences, such as CHR's.

Getting to meet the other tribes and talk about their problems too. It was really nice to talk to other tribes about what kind of problems they had, etc. in their elderly problems.

The workshops and meeting so many Indians.

Attendance and attention; sincere requests concerning Senior Citizen and other ages.

Conference was interesting and it could be a start for the old people to be recognized, if we can help them get started.

Courtesy—Many workshops I had never had a chance to attend before.

This was my first time attending the conference. It really was great to know more about the needs of other tribes and how they felt. I enjoyed meeting the other tribes which I never knew there were that many. Some tribes male and female, how they can really speak up for themselves.

Cooperative discussions.

I think it is good to have our workshops for the elderly.

Various tribes from different parts of the country and people who cooperate.

Availability of facility.

The congeniality of all the tribes. The fact that I was given the opportunity to express the views and problems that beset our older Indian society.

Yes.

I loved the vast turnout and association of our Indian people. Although most of us never met before, we were not strangers. The friendliness was great, a feeling we have toward one another.

The general meeting of all Indians of United States and Alaska.

It covered just about all of the needs of the Indian tribes from all over the U.S. and Alaska.

A big gathering of Indian tribes from all over the U.S. and Alaska.

Physical Well Being.

Input from Indian tribal members rather than non-indians.

Met people from all over the United States. Everyone was very courteous and made me welcome.

Everything.

Meeting Indians from all over and talking about what they are doing or trying to do; to know we are all working for the same thing for our elderly for a better and happy home.

I did like it. I never heard anything like this. I do not go in any place like this. (sic)

Indian people. I liked everything.

Many interesting problems presented from the various tribes across the U.S.

There was something going on all the time. The planning committee did an excellent job.

Everything.

The whole conference—very informational.

The conference; all the needs of our people.

The Elderly Indian.

All the meetings I attended; acquaintances.

Meeting other interested people who work for the aging Indians has become a must in my life and this conference has been very helpful.

Attendance is good.

One of the most interesting things I have enjoyed about the conference was meeting and speaking with other Indian people from various tribes. The workshops were inspiriting (sic) because I met with Federal agencies.

Everything—I was especially touched by the attendance of the elders. I could see by their actions and expressions that they felt good about themselves.

This is first time in my life, as an Eskimo, I had chance to see many tribes of Indians; so different from the history and movie version. I found out they're wonderful people. The old people have quite dignity about them.

It's a step toward helping our Indian people; bringing out the problems.

We could express our views freely. This was good.

The broad participation of American Indian elderly. Also the structure and format of this conference was *very good*.

It gave me a chance to find out all the problems the elderly on other reservations have and how they try to cope with them.

I am very much please with the program problems discussed at the conference. I have never been to this kind of conference before. I appreciate it very much and I hope to attend another conference in the future. If you ever had another conference I suggest to have the conference in the middle of U.S. Every program that was on the agenda was very good. We hope to have another lesson before we can catch on the problem. (sic)

All Indian people working together for the purpose of obtaining priorities, objectives and goals for our elderly Indians. The Planning Committee did a wonderful job in communicating with involvement of all tribes.

UNITY. That is the key word. If we unite as we have at conference, we will attain our goal and objectives. Everything was perfect. Much credit must be given to all who worked so hard for this event.

Very informative on all phases of elderly citizens' needs.

That all American Indians can get together to work for a common cause and needs.

The information handouts as well as being able to participate in answering question sessions. This conference was well planned and carried out considering the large number of people in attendance.

I liked this conference. The fact that there was unity of all tribes to promote their needs.

Association with other participating tribes.

It was well organized. Juana Lyon is to be commended. The spirit of the whole conference was conducive to motivate sincere efforts in behalf of our elders (seniors) to secure services in their behalf.

Dialogue.

No drinking. Everyone was assigned to a workshop. The workshops stayed with their agendas.

Input.

To see as many Indians who came to state their needs. To have non-English-speaking elderly participate.

The workshops.

It represented a united scope of indian input and related Indian problems. The way in which it was presented.

I like it *all*.

The separate discussion with input from all delegates and representatives. Also, the entertainment for the elderly and their participation.

Everything that taken place during all this time. (sic)

Workshops—different tribes.

I have met larger numbers of other tribes which I never know of or about before. I have enjoyed listening to the problems of others also.

Many elderly were present and also young people. Making young people aware of elderly problems we will then get a dedicated group of people to work for the aged. We definitely need professional *Indian* people to work in this field!

Almost everything.

Meeting different tribes and their opinions, learning their needs, comparing needs, meeting Dr. Arthur S. Flemming.

The workshops; meeting other Indian people.

Meet people of different tribes and learn their way of living on and off reservation.

Everything, but heat and food.

The agenda was followed closely with a minimum of delay. I thought it well run for the amount of people attending this conference; one of the largest I have ever attended. I would like to thank staff for the concern they have felt for our problems and attending to them as soon as possible.

Unity and the deep concern for the elderly Indians by the younger generation that are on the way to being where we are today.

Meeting aged Indians from other parts of the country and talking about their specific problems.

The (common) Indian needs being discussed openly and the feeling of unity.

Meeting the many different tribes, especially the Ute Tribe from Ignacio, Colorado.

I enjoyed all the conference, and learned a lot. Thank you very much for the opportunity of having an input on these many problems of the aging.

Meeting our Indian people from all different tribes of United States discussing and exchanging problems of which are similar in one way or another.

The workshops if they were more organized and be on time.

We can get direct funding; too much dictating from state.

1. The friendly people I met.
2. Panel of elderly.
3. Nice, quiet, comfortable rooms at the Colonial Inn.
4. Workshops.
5. Entertainment.

It's a great start for the helping of us older people; to let our needs be known which is many.

Everything.

The centralization of meeting places. The friendly atmosphere that the Indian people presented to one another. The entertainment was great and educational. Those in charge of the conference were very responsive and tried to provide for our every comfort and needs. I especially liked the prayers before each meal.

Talking to the elderly and listening to their problems. The entertainment was very good.

It dealt with almost all of the problems of the Indian elderly from the elders themselves and will give the resource agencies where the problems lie.

Meeting a lot of elderly people and found them very interesting to talk to.

I like the comfort that was given to us concerning our room and meals; also, meeting and getting acquainted with other tribes from different states. I like everything about the conference.

Many problems brought up by Navajo people on travelling, food stamps. Many tribes present friendly. The people at Ramada Inn are very kind and polite.

Meeting people from all over U.S.A.; sharing the same needs and problems concerning our Senior Citizens.

Listening to other people's needs and comparing them to ours. Meeting people from other parts of the country.

The idea of the Task Force on Indian Aging Problems. This should be companioned with a lobbying group for Indian rights.

Discovered the realization that problems of the aging and aged are almost identical across all ethnical lines.

Panel presentations: Service provider agencies.

The feeling that something will finally be done for the American Indian elderly.

The conference was for the elderly Indian, and the elderly Indian represented himself well. Their input was necessary, needed and brought out their needs through their testimony. Being able to speak in their native tongue gave them the feeling of belonging.

It was in Phoenix. It offered an opportunity to renew old acquaintances and make new ones. It did focus attention on the problem of aging in Indian communities.

WHAT WAS BAD ABOUT THE CONFERENCE?

Not enough time for workshops; being unable to attend all workshops; no immediate reports as to what had occurred or what proposals were made.

The food was costly for the quality, otherwise the only other thing was the omission of the Eastern Indian in any regard to programs.

Long waiting outside for conference to start.

Lack of adherence to schedule of events. Failure to record resolutions of *all* workshops.

Everything's all right.

I like all parts of conference

Nothing (3 respondents)

Well-Being, Income

More tribal group participation. Make plans for pow-wow. Group sessions overcrowded.

The Pow-Wow needed to be planned in advance. More participation of tribal groups would be interesting; need singers. Break down the workshop groups. They were too large and not enough participation was in evidence.

Did not have enough time to discuss all issues.

That all the Navajo delegates did not attend the conference. Seems that they are not interested to participate.

The heat and inconvenience of residing away from the conference site. Report of the Task Force.

Insufficient time allowances for each conference activity during the day time.

It was too large. Should be divided into smaller groups. The older people did not really voice their needs and concerns.

Some speakers' time who ramble along should be limited. Then we'd hear more from the real senior citizen himself and his problems.

Needed input on different regions and tribes on their *needs* made known to go on record to Older Americans Act—Title III asking for direct funding as to "Why?"

Too hot and waiting in line for chow.

Nothing (2 respondents)

Talks were too long on certain tribes; not all were recognized. Each should be short and very brief.

I didn't get to talk on my presentation.

Questions and answers—questions are statements and too long.

Some (a few) were for only the Indians that the BIA represented.

Having our elderly Indians in the sun waiting for the doors to open, "late"; housing the elders far from the conference.

Nothing.

Was not able to attend all the workshops; attended only one on income.

No information on regulation of Older American Act. In Legislation, we only touched the first item on the Agenda—direct funding. The first moderator was very ineffective with his discussion on Who is an Indian!! The second day was better but resolutions were passed too fast with many older folks not understanding the resolutions. Only a hand full of people voted on resolutions and no ground rules were set on passing resolutions. Poor ground rules for selecting Task Force. No stratidizing. (sic)

Some people make their statement too darn long, make us sleepy.

Repetition of testimony. We all have similar and in most cases identical problems. We had to be heard though. Conference not long enough—next time have it at least a week.

The food. Too many "*wise people* from the East" with "forked tongue".

Too big—5 topics going on at same time. Did not get to go to all of them.

Nothing

Not enough emphasis on the Urban aging Indian, and for Indians from small tribes who do not live on a reservation, but do live in a remote part of their area.

Some of these speeches or discussions were too long and were not getting to the point of the subject—getting off the gist of the subject.

The talks were (some) too long. Should make them short to give others a chance to say something.

What I didn't like is that there were only 2 tribes representing themselves and the many small tribes were excluded and were not asked to even ask for representation.

The heat.

Some talked too long on same subject or they wandered away from the subject. The togetherness was rather strained at times. Unity was not stressed enough.

Those that got up and said—I fought for *this* and *that*, I've been to the White House and so many times they just took up time that was needed to have input in helping our old. I don't believe we came to hear what they did or where they have been.

Speakers spoke too long. They repeated themselves. They did not talk about *the subject*.

People who don't make things clear enough for the elderly people to understand. Representatives sent in by our tribes from our elderly whom I didn't hear speak up. It was mostly Eastern and Navajo taking the floor. Also, during eating time the disabled elderly should come in first and next the elderly instead of all the younger people who could push themselves in.

Too much discussion on one problem.

If one were interested in one area only, the workshops could serve very well *the* area as they were organized —5 going on or being conducted simultaneously. Whereas, if like myself, one would have liked to attend each session, the workshops were ill-arranged. I was interested in 3 areas primarily, but wanted to go to the other sessions as well. I was unable to attend all five. There could be better arrangements henceforth. Many came to gather "information" but couldn't due to above mentioned.

I liked everything.

Nothing. (3 respondents)

I didn't like the ticket I bought for our meals and didn't get enough food. The cafe at the front wouldn't accept my ticket.

Hot weather.

I didn't like the arrangements that were made at meal times. I think that there should be better arrangements made for our meal periods or waiting time for our meals.

Attempts to discredit the Urban Indian.

Two tribes have too many representation and don't give a chance to other tribes—Navajo and Apaches.

Workshops were too large; 10 smaller workshops next time would be better than 5 large ones.

I had enjoyed all.

Nothing.

There was no time schedule of each day.

Not enough questions asked of Dr. Flemming. His answers were not always to the point.

Too many workshops. We would have liked to attend all, but there wasn't enough time.

Lost participant of some tribal leaders even though they were here. (sic)

Uncomfortably hot!

Standing in line for meals—not on time. Hotel reservation—overbooked, forced to register at another hotel after making plans before leaving home to register at Ramada Inn East.

There was not enough communication. They should plan this conference more better next time. If we ever have another one in the near future.

Nothing

Taking too much time for noon meal which threw us off schedule.

Not a thing. All is well.

Not all states represented and dominated by one large tribe.

Not all states represented and dominated too much by one large tribe. Speaking in Indian language to interpreter took up too much time.

I feel that delegates from small reservations and urban centers were not recognized by voice. Mainly, the urban centers do serve the Urban Indians.

I had made my reservations one week in advance and I was shuttled to the Caravan Inn Motel, otherwise the inconvenience of going back and forth.

Talking too much and too long.

Too many in one place; should be grouped as reservation and non-reservation Indians for future conferences.

Too much going on and a person couldn't make all the workshops, so I don't know anything about what's going on except where I attended.

Lack of interpretation.

Nothing at all, only it was a short conference.

Heat! I come from the north, near the Canadian border —Perry, Maine.

Nothing (4 respondents)

We should have our workshop at our local.

Not too much was not enjoyed.

None, except I didn't go in every workshop and they were all very important to my communities.

People taking valuable time talking of other problems other than what we met for.

No support for the non-Federally recognized tribes such as ourselves. I felt the elderly did not give much input nor was there much representation for the number of Indians at the conference. Perhaps next time someone should take the microphone up to each individual for the personal feelings and *input*.

No forceful representative to speak up for non-Federally recognized non-funded people. Hope we get such a person on the Task Force, so we all receive the best for each group; not just a majority, someone always goes hungry.

Many young people that are in the field of Social Service and were interested in furthering their education were not funded.

Comments.

Groups need to be broken down to smaller meetings; more activities after workshops.

Too many of the young people did the talking and they went too fast in their thoughts and in using terminology that the elderly are not familiar with, and using letters instead of saying what the program is (HEW, ATTC, etc.). Some of the elderly had to walk too far from their rooms to the conference rooms.

I don't think we are depending enough on our elders. I think we added more to their confusion. I had hoped we could impose on them to lead us not only in the needs of the elderly but in the process of obtaining assistance for all Indian people. They have learned through experience and can share if we ask them.

Nothing

Shortness of time.

I as a CHR was selected by my Service Unit to come cause I knew what it was on a H/V to an elderly home. Our elders didn't have much time to give their input. The remarks of other tribe—that ½ million dollars—was wasted just to bring in all the old people, measuring up to nothing.

The conference itself was really nice, if only people that set up the conference would said that CHR program would like and let us know. We are willing and that is part of our job and work with the elderly people on the reservation area. (sic)

NO FLAG. For better understanding of present time we have to cope with—no cohesiveness intertribally—limited time permitted each individual; time limit should be a priority at conferences. Lack of sample brochures for each workshop.

Nothing. (2 respondents)

Not enough time (days) to get into all or most discussions.

Nothing (4 respondents)

People who did not stick to the conference on aging; indifference of the problems of the elderly.

Input by certain tribes was difficult. Funds for the conference was not enough to cover for the Navajo Tribe. In the future this should be proportioned ahead of time.

Time was of the essence I know, but being from the East, and an Urban Indian, I would have enjoyed a side trip to one of the nearby reservations. I am sure I would have been enlightened by their various programs which I could have taken back home.

It covered most problems of the Indian elderly.

Legislation.

Not enough breaks due to long workshops and time running out. Workshops should be from Wednesday 9:00 through Saturday 12:00 noon.

Spoke too long. They didn't talk about the subject at hand (wandered away). Sometimes they only thought about themselves and not about the problems of the "elderly".

Did not have enough time to take in all the workshops.

They should have about four or five people from each region. Since we do have regional areas and they could have information of their areas.

Discussion or presenting their problems—individual group or tribes.

Too hot! Otherwise I came back to my air-conditioned room and sat or laid.

Nothing. (7 respondents)

Not much done; can get better.

I do not believe there is anything about the conference which I did not like. Being from the Southeastern tribes, I feel there are many Northwestern tribes which are willing to support our Southeastern tribes who have been terminated and are not Federally recognized.

That I couldn't attend all the workshops.

Need more organization. I should have received agenda (full agenda) on NICOA.

Was not organized enough.

To learn how little American Indian elderly know of existing programs, legislature or proposed legislation as it relates to the aged. Small caucuses should be planned in the future in each tribe or community to familiarize American Indian elderly on existing programs. Then the general conference could have dealt with the utilization of these programs.

With the exception of meal tickets in one place, can be corrected to suit the participants in their stay, as to cost.

Not enough time on workshops.

Nothing.

Not enough tribal help in preparation to make conference more successful.

The non-Indian, because we still depend on him for guidance and I do hope we will someday have questions answered by our own people.

It was too hot for me in Phoenix. The Ramada Inn gave good service however.

Should like to see (if possible) a daily digest of important data of meetings or sessions. By evaluating daily progress, hopefully results might come about.

This being the first conference on Indian aging, I have nothing to compare it with. It was at least operated better than the (*NCAI*).

Speakers should be allotted a specific time limit and told beforehand how much time they can have. Too much valuable time is wasted on generalities.

1) Long waiting for food.
2) No change in breakfast menu.
3) Should be more directional signs posted for directions to different buildings.
4) Information and registration personnel should be staggered for lunch to accommodate those needing advice.

Nothing. (3 respondents)

That is the food—three times a day. (sic)

The meals—waiting.

The food served was not very good.

Not enough representation on panel and Task Force from other tribes! Heard mostly from Navajos; not nearly enough from other members of a recognized tribe.

Meals; too many workshops for one person to attend.

Food, especially breakfast!

The combination of dining and conference room. Too much time was wasted in between time, which could be utilized on the workshops, etc. The meals were very poor for the price that was paid; very poor reception on part of waitresses. Not enough time to cover all the workshops.

The workshops are too large and things were out that was not really concerned about aging. Nothing worked out what we want to learn. No tribal leader, Governors not present to hear elders speak.

Food.

I thought the food, especially breakfast, was something to be desired. I feel that it was not prepared well and the amount was not adequate for the price. There should have been more of a selection for breakfast.

Breakfast.

The food, especially the breakfast could have been better.

There hasn't been enough time to cover all the needs of the aging Indian, nor has there been time to cover some of the (desires) *wants*. We all know the needs!!

The chairs!

Segregating the workshops, as I think everyone attending the conference was interested in all workshops. There wasn't enough time to attend all, to glean enough information.

We did not understand the purchasing of meal tickets and had a large loss in exchange.

The disorganization of the staff in the lobby. There was no one when needed. The service was poor by the motel.

Breakfast food. (2 respondents)

The food. I have been to conferences where 5,000 people (and over) were served and where we had our choice of food. Our CHR's and nutrition people should have had a hand in planning the meals, or did they? Filthy kitchen—workers did not have hair nets on.

The food was very poor. In the future it would be better to give each one so much money for their food and they can eat what they like as the money that was spent was a great loss for the people who are to pay for those meal tickets. People used their own money when they had it.

Impossible to attend all the groups to hear and participate in discussions. M. C. on *Income* panel went too fast for responses. She would ask if there was anyone who wanted to respond on different matters, but usually didn't give the audience enough time to do so on some things, like when she had a motion on the floor, there was no discussion on it and one not asked for, but the voting on the motion was called for as soon as someone seconded the motion. There were no water fountains in the collonade area or the area around the pool and one either had to go to their rooms or to the cafe for water. Many people were thirstier than usual.

Food could have been better especially the breakfast. The hotel was making enough money off the conference. No water on tables. Should have a short break to stand up.

The food at the Ramada Inn East was terrible, especially at the prices charged—the same watery scrambled eggs and a biscuit every morning. I've seen better meals in low-rated rest homes.

Too confined in assembly room; no water on tables; better seating; more considerations for elders, especially when reservations have been made in advance.

Waiting in line a little longer for meals, but that doesn't

matter so much.
Nothing.
Long waiting outside for our meals.

The heat!
Too large a group to accomplish specifics.
The scheduling of activities did not meet the program timetable.
The conference time was too short. At least 5 days should have been allowed for this conference. More representation from the tribes.
Generally, I do not like conferences as I feel they are counterproductive. Huge affairs, as this was, really do not allow full participation of those present. Also, the subject matter was too comprehensive to be covered adequately in three days.

WHAT SHOULD BE PRESENTED AT FUTURE SIMILAR CONFERENCES?

Plans for representation from the aging to assist in budget and program planning that would affect programs for the aging.
Positive results that came from this conference.
Specifically housing and Indian-run nursing homes for our ill and aged; a unified position on legislation benefiting our people.
Legislation on aging and amendments, recommendations and proposals and follow-up on aging.
Results
Economics of reservation living—i.e. incomes, expenses, possible discussion of economic planning to prevent poverty for elderly Indians which is so prevalent. It was apparent that a number of Indians had good paying jobs during years of employment but were at the poverty level upon retirement.
Direct funds to Senior Citizens.
Direct Funding.
Information should be obtained through Area Indian Agency on each tribe with enough time so it could be prepared.
Increasing income for the elderly.
On transportation and income for elderly people.
Hope to hear at least some tribal groups to solve their problems, or have one need met.

More workshop groups with the resources ready for use.
Support aging programs.
Working together more as *one people* rather than pulling apart.
Pursue more to the direct funding on aging program instead of through the state.
How many of the elderly needs were met and was there a good follow-up.
I would like to discuss old age homes for the elderly which we need badly; also have a doctor come to their home and visit them for treatment.
More funding on all aspects on American Indian problems. Will like to adopt direct funding.
More discussions on: 1) need, 2) recommendations.
These things that are proposed now. The results of the previous meetings. Have they really been listened to? (That is, the Indian people.)
Income, Legal Problems.
I'd like more specific recommendations as possible solutions to problems. No doubt, these can be obtained by discussing in much smaller groups.
Workshops staffed by Indians, to relate to Indian needs so participants can take it home to be useful to their programs directed to their own problems for reaching older persons.
Different tribes telling of their achievements and goals past, present and future.
V.A. benefit of World War II.

To unite as a whole. All Indian problems of the aged are the same no matter if you live in a hogan or an apartment.
How could our older people keep their tribal assets such as per capita payments and still receive their old age pension which is not enough to live comfortably on.

Meal sites; nursing homes.
Steps for advancement and not just gripes. How to reach our goals through legislation, writing letters to our Congressmen and Senators. Keep them up to date with our problems.
More information about programs.
Direct funding to the tribes and organizations to take care of their own elderly rather than through the states as that takes away part of the funding for administration.
In the future problems will still exist and this will have to go on at the future conferences. Hope to have this conference as an annual affair.
Results from this conference and legislation discussed by national organizations (Indian).
To establish more extended care centers on Navajo Reservation. More alcoholism recovery centers for elderly.
Title III, VII, XX; the National Health Insurance; most important the Older Americans Act.
Income, environment.
Workshops more often.
Some things we had discussed that concern us aged.
Getting the younger people more involved.

Some of the promises fulfilled.
How very old people could be kept at home. How one of the relatives could care for the very old person and be responsible with some kind of pay. We have this in Navajo resolution—great big reason for this suggestion.
Nutrition, exercising and dieting for all Indians as well as the aging; vitamins provided instead of so much medication.
More help or informational services to the Urban Indians, or services to these Indian people who are isolated or too far from agencies to get all these services required for their aged or Senior Citizen.
They have discussed almost everything that I have in

mind.

I feel that everything was presented; more employment.

I think everything was pretty well covered, but I think we kind of neglected to discuss the number one problem even for the elderly and that is alcoholism.

I think that most all important bases were covered, but there is need for more work on the issues discussed.

Limit talking so that everyone should be heard. Subjects such as housing should be in smaller workshop groups as many salient points are missed. More on in-process or processed legislative areas which are deterrent to the elderly. Emphasis on the power of legislators in amending such deterrent bills in Senate and House.

More on legislation.

How can we help them now? What can I say now to help them feel like they are still a part of this life—to give life back to them.

Direct funding. By that I mean funds directly from Federal government to the individual tribes.

I would like to hear more on nursing home improvement for our people; homes which I hope will be built on reservations.

Most of the problems concerning aging are pretty well covered.

I would like to see those apparent and tangent (sic) results and programs which have been implemented by Indian tribe as of today. In other words, what has actually been done for elderly Indians by Indian people?

More reference to juveniles.

A home for the aging on our own reservation in Sells, Az.; also program for our youths.

Drop-in center; dental; health; eye check-up, etc.

More on aging (2 respondents)

All the Indians say brother and sister to one another. But we are at disputed land area. I don't agree with brother and sister with Hopi.

Have similar conference once a year.

Education and staffing in our rest homes among the Indian people.

The need for educating Indians to be leaders in legislation. It is no good to have representation with people ignorant of procedure.

All that is recommended in resolutions.

More funds and more employment for our young and old.

I feel everything was presented here on needs of tribes that needs funding for the elderly.

Landfills, dump truck, roads, ambulance services, wheelchair, hospital beds, crutches, walker.

The able aged to be allowed to work part time in any kind. (sic)

Specific vehicles for implementing our recommendations.

More input from the elderly themselves. What would be of more help to them? What they like about the present programs, and what they don't like.

Program for elderly in feeding, work, and daily care and health services.

Establish better health delivery system for the reservation elderly.

A follow-up would be most beneficial. The first meeting was educational for another meeting.

On our reservation I would like to hear more about other reservations, on how to go about having a rest home on the reservation. Better care with the elderly people.

More legislation as to bills and procedure of securing funds.

It's allright with me. (sic)

Keep us in touch on conference. I like this program on aging because we are new.

Health needs for off reservation Indians that don't live in service units, contract care. That the state of California get a hospital centralized. We don't have enough health care for young or old.

Diets; help on shut-in; hospital treatment.

The possibility of being funded for the purpose of hiring a Gerontologist for the Senior Citizen.

I would like to have discussed more of the problems about our Senior Citizen in our agency.

Give all states a chance to voice their problems from far north, Alaska, West Coast, south, Central States, Maine, to Florida.

Money for aged and better homes for aged.

Everything aged needs.

I would like to attend another conference to discuss the follow-up and discuss any other problems that may arise.

More on nutrition.

Everything I wanted to know was discussed.

Health.

What was accomplished from this first conference, if any, and have more local people (Indian) input in program.

Any ideas that are better than what I may have.

These conferences present the problems. Next conference should have some direction in response to these issues presented at this conference, or do we meet just to discuss what's wrong all the time. I know what's wrong. I want to know how to make it right. I think the conference was needed and good as a whole.

Culture Awareness: encouraging young people to learn more of his Indian culture.

The funds for a rest home for the aging.

More help for us. Some of us are unable to do our own scrubbing and washing.

More funds for our elder's needs.

In need of housing for old age people or old age home.

Some of our old people are helpless. In order to assist our elder people in developing their capacity, we should discuss some more problems at the conferences. Housing problem and health services.

I think everything have been said what I had come for. (sic)

Home care, food on wheels for the shut-in and Dairy

Freeze close by or walking distance for us.

Increase funding for programs concerning aged.

Feedback from this workshop. The cost of this conference was a large sum. What was done and how much did the elderly benefit from it?

To include state reservations that have operating Tribal Governments, so that we may help not only our people, but your people that come East.

Let the old people live at their own reservation instead of rest home. Rest homes be built for them right at White River near beautiful mountains.

More meetings similar to this so that each will be able to take important information home to their tribe such as problems of aged, Indian Health, S.S., etc. Work for Senior Citizens.

In order to be united as all tribes as Indian people we must work closer together in full support of each other in our goals in what we're trying to accomplish for our people. I would like very much to have the Indian Task Force to help us and the other non-Federally recognized tribes, help us with support and recognition to be recognized for help in our situation of having no funds.

Discussion on how we can get non-Federally recognized non-funded tribes help in being recognized. They are the low rung on the ladder, get what is left from the Whites and nothing the Federally funded and recognized tribes get. No hospital, no transportation, etc.—just gray hair.

Ways and means of supplementing the meager income of the elderly.

About the old age people and others.

Anything that will help our older people's needs out on big reservation like ours. Some don't get help like ours have—I mean our Chapter at Naschitti, N.M. We sure need nursing home, homemaker services and hospital care. I wish we could have this NICOA more often.

Income (2 respondents)

Workshops dealing with various agencies, rulings, titles dealing with aging programs.

We should continue on the same as this conference and next time the elderly might have a better idea of what they can ask for and what they need to know in order to get funds and how to operate their programs.

Continued dependence on our wise people for leadership.

All the problems that they discussed.

All the needs of aging with other tribes are not the same. Our Navajo lives in remote areas and do not know what the other tribes are far ahead of us.

Whatever the needs for the elderly people or handicapped people. I think they should have more display of arts and crafts—work of the elderly. Have one of the elderly express what their real needs are for themselves and tell about their early years.

Health.

Recognition of *all* agencies furnishing information and referral services to the Indians and *Senior Citizens*.

More discussion on the subjects of housing and the problem of alcoholism.

Know exactly what the subject is in the workshop; have written thoughts ready; be given specific time to do it.

More about health, income and legal problems which concerns the Indian tribe.

Better responsiveness to the elderly Indian's needs by the Municipalities and state governments where Indians reside.

We should consider veterans who have been neglected.

There should be a two-day workshop first on the discussion of issues before the conference, so that the participants would be better informed if they want to change the program's goals, administration or whatever.

Unity among all Indians. I learned that problems of the elderly are the same nationwide. Need more vocal power, methods to solve these problems. With unison more could be accomplished.

I would like to have discussed the possibility of a conference being held at one of the reservations centrally located.

The important discussions they didn't approve of in first meeting.

What the outcomes are at this first conference for all Indians.

Any results or recommendations, resolutions, and proposals from this conference, with close and published follow-up.

The elderly Indians should encourage the younger Indians to keep their culture, arts and crafts, prayers and Indian ways.

Urban problems.

To discuss and present some people who have had trouble and how they worked to get to where they are now and how they have worked out some of their problems.

The unmet needs.

Some of our elders having positions of responsibility in national conferences from each state have a representative from each tribal organization.

Housing for the aging; funding for the tribe (direct); hospital for the veteran; roads on the reservation; water; and farming (irrigation).

About the same again.

Old people.

All subjects are of great interest and in all circles are continually reappearing or coming to our attention.

Aging only.

I believe there should be more material, etc. at each workshop in regards to our elderly Indian people.

Training Indian staff to take care of the aged or any Indian who needs it.

I had a slide presentation about Alaskan environment, how old people survived this region that was not adequately put on separate time frame. Instead I had to compete with Pow-Wow. I have a lots to say on this in future letter!

Have a committee to work on problem areas.

I am wondering if we will be getting help for our needs even though we did not have anyone representing us. I am hoping that us Hualapai Tribe will be included in everything that was said, like nursing homes, transportation, medical services and as of now we would like a new Senior Center with more utilities.

It would help to have one or two youngsters as message runners for locating people.

I would like to attend another conference that I might learn more to be helpful to our elderly. Thanks to all.

Please give speakers a time limit!! The location should be at a central location of the U.S. There should be an immediate follow-up by the Committee.

Asking for more mileage on our home visits for us that use GSA vehicles.

Monitors and emcees should do what they are supposed to be doing—keep the issues at hand, in rein and not have people digress or go off on other tangents. In addition, the elderly and their needs were not fully focused upon, because many, I am sure, have limited education. Thus, the words used by officials were not comprehended by them. Several speakers too well educated to understand them.

Suggest funding for more than one with such a distance as great as ours to come to conference. It's very hard to find a person who is willing to travel alone. Urban Indians cannot help: funds are limited.

Better to get the non-English speaking to Indians to explain more about the meeting. Thank you.

I would like to get more information on aging; also, where we could get funding for the aging.

Concerned with older Indian veteran in World War I and World War II and other two conflicts. I would like to attend a future NICOA but expense is the problem.

Nutrition is the main problem where our elderly cannot chew and nutrition programs should get together in planning their own menus, which we are doing in our own program. Indian food is included.

Meeting people and getting their views on their needs.

I like to have more time so every representative can give problems of community. Need more expression from elderly people, not young ones.

Complete follow-up on our recommendations.

Written prepared statements by delegates could speed up action of the convention.

Conference on aging and workshops, discussion things for our Senior Citizen was doing some great and appreciation for our elderly people. (sic) I do want to attend future national Indian conferences on aging.

Treating all 2,000 Indians with respect and honor. Very interesting on old age.

Every speaker should have limited amount of time.

We came unprepared.

I enjoyed meeting different tribes of people. Accommodations were splendid, food could vary a little, otherwise, o.k.

Hospitality was very good.

I came to learn what they were going to do for the aged, but I didn't learn anything to solve my problem. All I heard was the problems regarding income, but I came for some kind of solution and was told to do what I have been doing—going back time and time again. The food was not very good for the elderly people. There was too much starchy foods and even though we Indians are supposed to thrive on *that* some of us have not really been on a diet, but we do have to watch what we eat. Eggs are bad for elderly people all the time, and some with high blood pressure or diabetes have to watch the amount of eggs eaten.

Fresh fruit and sausage would have been great for breakfast to choose from. I did enjoy the Indian fry bread and stew even though it was not what I should eat. I was so thirsty during my stay here and I could not find a drinking fountain when needed and had to go to my room or to the restaurant for water. There should have been pitchers of water and glasses available at the conference rooms. ——Interesting, yes! Reservation Indians in this part of the country are being denied benefits from Social Security that most of the people get elsewhere. I was referred back to my own Social Security office where the problem stemmed from in the first place. I had no satisfactory answer to my situation and I'm sure there are many others facing, or will be facing the same problem elsewhere.

We have no transportation—our van broke down for good.

I would like it held near our reservation so more of my people can come and attend the conference. I was the only one who came to this Phoenix, Arizona Indian conference.

Take more time of this program.

I am very thankful for food, the place we sleep. Also, thank the girl work with us. (sic)

Where to find the fundings for the home care or nursing home on the reservation.

All the workshops were scheduled at the same time. Due to this scheduling I could not attend all the workshop topics.

I do not like to see Indian people angry with their people from state reservations, as we do help a lot of Western Indians when they come East. I am on many boards, alcohol, drug, mental health, etc.

Send me report on meeting so I can understand what I came for.

This conference, First National Indian Conference, means a lot to many of us who do not hear of the many problems others have and how they are coped with. Many of us have learned much.

Although I'm the Indian Elderly Coordinator, I'm under 45, so they say they couldn't pay for my expenses. I want to learn and help my people. I had a rough time seeking funds but made it here. I guess you have to pull from the other end (Task Force) or recommendations from certain parties. I was not funded by Project but found others my age *were*.

Other sources of funding; other resources that can be obtained, that is other than government fund, like private foundation. They can help too.

1) How NTCA plans to improve on elderly programming.
2) How to request amending legislation to enhance treaty/sovereignty rights.
3) How to increase funding of all or new programs to assist the American Indian elderly.

Perhaps more additional services and follow-up on conference; also, community, county, state and reservation comparisons. Reports from areas on aging. Communication system from the Task Force for all tribes.

A workshop on proposal presentation and preparation of budgets to deal with bureaucratic red (white) tape.

$2500.00 of income be declared disregarded when elderly is applying for any assistance of programs because of inflation as well as higher cost of living on reservation stores due to isolation.

Follow-up on resolutions; future needs for the aging.

The resolutions that were presented; follow-up to see if our wishes were being carried out.

To continue to ask for direct funding.

More clarification between an Act itself and the regulations that follow. It seems to me that most participants do not understand the allowances and limitations of regulations. Who makes them and who enforces same, etc., alternatives, etc.

More enlightenment and help on medical services for elderly who are threatened by malignancy and other diseases that are classified as threats to the elderly.

Follow-up on legislation and all facets of the agenda.

What was accomplished from this conference.

1) Follow-up on this week's presentations.
2) A follow-up on participants reporting and implementing what they learned and which would benefit their respective communities.
3) New legislation relating to elderly Indian American.

More input.

The mutual feelings that progress among Indians can be reached; that a lost race can be restored.

Physical, health, alcoholism, drugs, Title VII.

Repeated and stress more as to where grants and funds available to elderly can be located and requested.

More on PHS hospital care.

The problems that we know of and the ways we think we can help the elderly.

The technical legal ways that an Indian tribe can work to get their proposals, resolutions, etc. presented to the Federal government will be of some good. We seem to get into arguments as to how it is to be done and nobody benefits! The Indians need training in this field. Would like to see more training in Indian gerontology to meet this important field.

Direct funding, a must.

Unable to comment on this until we know what progress was made at this conference.

Discuss funding, the problem in state program, how the money is divided when it gets into the state and how it is divided in Indian people. (sic)

More on Social Security, Title VII, Housing.

I feel that the speakers from Federal agencies should prepare a better presentation. Select representatives that will explain all the different sources of funding and where and how they can apply. Get down to the nitty gritty!

Drop-in center for elderly people; also, establish health clinic to keep the elderly well by check-ups periodically. Get eye glasses when needed, dentures when needed, also hearing aids when needed. This also goes for the needs of all Indian people old and young.

Progress from conference in Phoenix.

The possibility of having the elder Indian (as long as he/she is able) act as teachers in the pre-school programs to perpetuate our stories and culture while a child is young enough to learn without guile and before he becomes saturated with other ways.

Therapy for the stroke patients.

More of a cross country representation!

Reservation participation should have their own workshops. Urban Indians have different problems.

Homes for elderly; funds for Senior Citizen outreach workers.

Reports and follow-up on this conference and future needs for planning other future meetings and conferences. Different tribes have different kinds of nutritional needs. This could be discussed in the form of a panel from different tribes.

More direct funds.

NIC conferences affects all the elderly Indians in the U.S.A., reservation and non-reservation Indians. I feel that California has a minority of reservation Indians compared to non-reservation Indians, and yet we have no representation on NIC. This discriminates on U.S. Indians, and the needs are the same in our elderly needs whether reservation or non-reservation. Therefore we need representation on the board not only one, but several.

Solutions and a plan of action. We have gone too long without the services.

More funds going directly to the senior citizens to help them keep up with the rising cost of living.

I would have discussed and asked for rest homes on each reservation so the relatives of elderly could come to visit them everyday at visiting hours.

Let the aging have housing built for them right near their own town instead of sending them to rest home. They die of lonesome and they feel deserted. (sic)

More funds for Senior Citizens.

Would like to have some say about entertaining the old people and give the ones that need jobs so they can have a little more money to live on.

Workshops on funding sources and proposal language; how the Federal, state and local legislative process work.

1) Limit topics and zero in on one, two, or three high priority problems of the aged.

2) Have representatives from other ethnical groups give brief overviews of their aging problems to show commonship of effort that should be taken by all aged in the U.S.A.

Follow-up on all of the recommendations and resolutions made at this conference, and if not implemented and/or problems resolved, Why?

Resource persons should be available for consultation such as ONAP, tribal leaders or tribal affairs officers from the IHS area offices.

I think the conference needs better organization and more time to discuss problems and issues already enumerated.

ADDITIONAL STATEMENTS BY RESPONDENTS

I feel the people involved in putting this conference together did an outstanding job in their knowledge and understanding of the problems of the aging. They are to be commended for their untiring efforts and knowledge in organizing a conference of the magnitude and importance of the subject matter.

Urbans are more alone with their problems, especially Ottawa people who have long ago lost their culture due to having to live among Caucasians since treaty days; no Federal assistance—what you work for is what you get. It would seem that it will take 3-5 years to even get a start. Our people do not have that much time. Refusal on part of hospitals to treat alcoholic patients at emergency. This happened in Michigan while I was there. The man died. (Respondent questioned) the reasoning behind the selection (in individual workshop sessions) of 5 or 6 nominees for the Task Force from each area of need and then using the present Task Force (National Planning Committee Members) which she understood to be temporary. Suggest nominees should be used in advisory capacity to Task Force. A special thanks to Mrs. Juana Lyon who helped make this experience possible for me. Legislation was most important to me so I attended all these meetings. Picked up notes from others.

Just to please include the Eastern Indian brother for benefits because he is real, he is there, he *lives* and *he needs also.*

If anything is lost or found, let us return it to the owner. We might get a reward. (God will reward us.)

Very good and interesting

Yes, it's a step and a start for our people to a better result.

Veteran problems

To have another National Indian Conference on Aging.

Better plan/arrange/set up from the beginning of conference.

Anything concerning elderly people of different races or tribes. I really do wish to hear of future conferences on aging. Thank you.

Have workshops.

It was a pleasure to be able to attend and I thank you all for the privilege.

The conference was well organized.

I think representatives should be given their meal funds so they can eat at places of their choice.

How about the veterans?? We do forget. We are the veterans, we need your help.

Hospitality, accommodations, eating, meal service are very comfortable to the community representatives from their respective chapter areas.

What about a workshop on specific Federal programs related to the elderly, including Congressional legislation and regulations?

We should have NICOA as often as necessary to insure the implementation of the programs that we wanted and strongly recommended. Suggest that the different groups come prepared, bring their needs and all documentations so that we can really address them to proper departments.

Mention something about the V.A.

Follow-up on recommendations made at this meeting.

Indian problems between tribes which don't relate to our primary concern (aging) should be set aside in order that we can work together as Indians for the same goal.

There should have been more people from the local areas to be personal individual welcoming committees.

That the conference should take a little longer time instead of just chop off most of the conference.

For it to be well planned especially in registration. Each group or tribe to register their people before it started.

The entertainment was good; not time to get bored.

This conference needs a bigger meeting room.

I only attended the last day but it was good as I saw it.

It brought together Indians all over the U.S. whether BIA or non-Federally recognized and we all have the same problems.

Looking forward to still having more conferences so things will probably come easier. Many thanks for this.

There was no information included in the packets as to guideline/regulations of the Older Americans Act. Suggest a better organized NICOA.

Just allow more time. With a group as diversified as this we just began to scratch the surface and it's time to go.

There should be regional conference to deal with more local problems. All Federally recognized should be by themselves.

I think we had discussed everything that we had come for.

Since I concentrated only on one workshop, Physical Well Being, I would like to receive information on what the other workshops developed.

I think it is very educational because it's the first time I attended a conference like this.

Although the conference was set up, there was too much confusion the first morning.

I have very much enjoyed myself listening to the talks and hope to be able to go again next time.

Since some younger people must do a lot of the work, fund them also as representatives. They will be Senior Citizens soon and our duty is to teach them.

This is the first time I've come to this kind of conference and I really did enjoy it very much. Like I said, I have learned a lot. The conference was wonderful and to know lots of ways other tribes are in need for their elderly.

Maybe consideration should be given to holding conferences on aging at different locations or on each reservation so more people could attend. If I cannot attend a future national conference on aging, then an invitation should be extended to the Shoshone-Bannock Business Council to send a representative, preferably an elderly person or persons.

I wish we could have this conference every year.

It was just wonderful, and I am leaving this conference with new ideas, which I will share with my own people. Many are middle age and are in nursing homes. Our tribal should have been given, or a Navajo leader should have been given beforehand of other speakers. (sic)

The conference itself was very nice. It showed that more tribes are interested in planning and discussion about their problems and learn to live and eat and meeting other tribes, etc. Share ideas such as living standards. There are a lot yet to learn.

The idea of having another conference on aging on the Navajo reservation is a very good idea.

I really enjoyed the conference listening to some suggestions I never heard. It will really do me some great help for my elderly on the reservation.

Location of Senior Citizen Centers in each tribe's reservation or community.

Especially for certain Indian groups, various issues presented, they are not knowledgeable about the programs, and therefore very little or no input to the conference. That is why the workshop meeting is recommended. (sic)

I think if we could have future conferences held at Indian reservations, we could get the feeling and see firsthand the needs of the Indians.

Concentrate more on programs.

Everything should have been held in one room instead of having separate workshops.

Try again.

There needs to be more planning of the time allotted for workshops with stern follow-through. There needs to be less introductions and more precise, concise input directed towards the purpose of the conference.

At the next conference I hope the problems that were talked about the last three days will have been accomplished.

It was a most interesting meeting, but a little hot for Indians from the North. I thank you most kindly for what was done and what I have learned.

I think conference should be held by region.

A little more free time.

Would like funding approved for this program; like to see more conferences scheduled that our voices could be heard.

Have been very pleased with everything that I have seen and heard up to this time.

This aging conference is new; should keep it up.

It was well covered in all categories. I only wish it could of lasted longer so we could have attended each workshop. I work at our health center. I hold a state board license as a psychiatric technician. I'm very interested in Indian health; that's why I worked hard to get my state board license to help Indians.

Media should have been stressed. Without media how do we get to know about these, especially old people who DO NOT READ! I had a media (slides) that was not adequately advertised! How do we do this? MORE ON LETTER ABOUT THIS!!

It was interesting because I work in health and work with older people in control of Tuberculosis.

I really enjoyed meeting other tribes from across the nation. This part is really good. Also to meet tribes unknown before.

The food was too starchy. Maybe next time we will have a choice (small matter).

I like to thank all of you Committee on National Indian Conference that you had treated us very good with our rooms with everything in it; our meals was very good and I thank all of you for serving us with everything good. (sic)

Next conference should be centrally located, suggest Denver. The Coordinator, plus the first group she worked with to plan this conference was a tremendous task well done. My thanks and congratulations to all.

I thank you from my heart for the privilege of meeting with my people from all over the country.

Well organized. Very happy and excited about being invited to this historic conference. Thanks a million Mr. W. Chino and J. Lyon deepest appreciation.

Our thanks to the Project Coordinator and her helpers.

The people who planned this conference should be commended for their well planning as it was carried out very well.

I think the committee done a tremendous job, and they should have been given a little recognition.

The gracious host and hostesses were marvelous speakers, were understood, and if we failed to ask questions it was our own fault.

Yes, I want to attend a future NICOA. Also, I can help the recording secretaries if needed. I'd like to help in proposals for the grants for future requests regarding grants such as 90-A-775. Time, etc. are scarce I realize.

This is a splendid beginning. I am grateful for the start. Juana Lyon is to be commended for her graciousness, poise and gentle but dynamic leadership.

Conference was well planned and coordinated. I marvel at Mrs. Lyon's patience and kindness. She is an excellent chairperson.

Mrs. Juana Lyon is to be congratulated in putting together this conference in the time allowed.

Very good—thanks Juana Lyon—thanks Arizona Committee.

A very special thanks to the staff of the National Tribal Committee on Aging and the National Tribal Association.

I think that it was put together very well. I would like to see more of it.

Next conference organize it well before presenting.

I have enjoyed staying at the Ramada Inn and all the good meals.

Select some able representative that will stand for his people not that will spend time in *bars*, at next meeting set.

We spent too much time waiting for food to be served, cleaned, and we could have gotten done sooner than we did. The location was nice, staff o.k. The hotel itself did not keep their maintenance of sanitary conditions up to par.

I would like to get a copy of the minutes and resolutions from this meeting.

Find funds for another conference. Most people or tribes do not have funds to travel or for room and board.

I think the conference is great. The breakfast should be changed.

The entertainment was very nice. I enjoyed the fashion show very much.

Funds for more than one participant as the distance is so great to travel alone. Our funds are very limited. Urban Indians are not able to help with funding.

I would like to attend future conference to see what progress has been made.

Hats off to the staff, coordinators, kitchen help, hotel staff, etc., etc. Beautifully done—Thank you.

The food wasn't adequate to appease the Indian appetite. Also, the waitresses (in coffee shop) worked without tips. They worked 8 hours at $1.10 per hour.

Each one have their own *per diem* instead of the prepaid tickets as many didn't care for *cold food* that was served in large dining area.

Meal tickets should only be given to sponsored groups. Others may be bought at the time he or she need it. Many who were sponsored did not stay in the motel or used their meal tickets.

This conference was very interesting and well planned considering the short time they had to plan it.

Because there is great need to help the elders, the forgotten older people, there should be a future NICOA. There is provision for youth and adults but this is a good start. If it wasn't for the older people we all wouldn't be here. I would like to attend a future NICOA because where there is great numbers of people there is power making people aware of our problems. There is very little representation from the N.W., Washington, Oregon, etc. We also have problems and want to be heard.

I would like to attend all the conference.

The meals were lousy. The service was lousy in the banquet rooms. The breakfast served was very inadequate, and very poorly distributed. Two people being served at same time did not get equal amount of food. It would have been nicer to have some breakfast meat as most Indians usually eat some meat for breakfast, at least where I come from. Did enjoy the Indian fry bread though. It was delicious. I am Vice Chairman of the Toyon Wintun Center in our area. I was not *old enough* to come as a representative, but I came as an escort to an elderly Indian, but I did register. We have an aging program in our center, but we had no notification of this conference. I called our Chairman and he called in and was permitted to come to conference, expenses paid. What I want to know is who these resolutions will be presented to and what is the follow-up on them, and how are the conventioneers going to get a report on this conference and its follow-up?

Smaller groups so that it could be more informal. Our people are reluctant to speak before a large group.

I would like to thank all of the people for their hard work in putting on this conference, in the name of Tulalip Tribes, our Senior Citizens, and on behalf of myself.

Food was a mess, all through conference, especially for the price of tickets. Entertainment was excellent.

I enjoyed the conference very much and I hope this conference will certainly help my tribe, especially the Senior Citizens.

Possibly smaller conferences held in various areas to cover local problems, i.e. 280 states and relate these local problems to the overall problems. I would like to attend another conference, very much so!

For the immense size and inherent hardships of the conference the individuals responsible for it should be highly praised for a job well done.

In my opinion the conference was well planned.

Fact sheets regarding what programs now in existence for elderly people.

THE ADMINISTRATION ON AGING'S RESPONSE TO THE NATIONAL INDIAN CONFERENCE ON AGING SUMMARY REPORT

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Employment, Income Maintenance and Retirement

1.

Because of the past relationships between the Federal Government, through the Bureau of Indian Affairs, and the Indians, most of our people did not participate in retirement programs such as: company retirement plans, insurance plans, investing in income property and, in many cases, Social Security. Therefore, the sole source of income for many of the elderly is welfare and for those fortunate enough to reach 72, Social Security at the very minimum level. *The elderly Indians must be permitted to work and earn income for as long as they want or are able. They should not be required to forfeit parts of other benefits when continuing to earn.*

RESPONSE:

1. The Administration on Aging will pursue efforts to insure that older American Indians are employed in Older Americans Act Programs.
2. The Administration on Aging will urge the Department of Labor to insure that older Indians benefit from the Older Americans Community Services Employment Act (Title IX of the Older Americans Act) and the Comprehensive Employment Training Act (CETA).
3. The issue of income earned for work being deducted from benefits affects all older persons. The retirement test, however, has been liberalized and is adjusted annually to account for increases in the cost of living.

   A Social Security recipient can currently earn up to $2,760 (in 1976) before benefits are reduced $1 for every $2 over the level.

   SSI benefits are increased automatically whenever there is a cost-of-living adjustment in the Social Security program.

2.

There should be *jobs available on reservations, including part time employment, through special funding* so that elderly people can work towards Social Security benefits.

RESPONSE:

1. Under Title III of the Comprehensive Employment and Training Act, one of the special target groups that has been identified and for whom special manpower programs have been established are Indians. Older Indians are eligible to participate in these programs. In FY 1977, $50.5 million is available for Indians under Title III.
2. In Arizona, 17 Indian reservations are participating in the Title IX Older Americans Community Service Employment through a contract provided by the National Council on Aging to the Indian Development District of Arizona. Approximately 63 slots are being filled by older Indians on these reservations.
3. The Administration on Aging will urge the Department of Labor to increase the number of Title IX programs on Indian reservations (note response to #1).

3.

That the elderly and middle-aged Indian should be *assisted in obtaining job information, training, counseling, placement, and other assistance* which would permit him to continue employment. These steps would enable him to qualify for an increased benefit when he becomes eligible to receive Social Security.

RESPONSE:

1. The Department of Labor has supported public interest television spots and published material encouraging organizations to hire older workers. In addition, the Comprehensive Employment and Training Act (noted in response #2 above) does provide Federal support for training workers.
2. The Administration on Aging will urge the Department of Labor to insure, through Title IX, CETA, and the Employment Service that job information, training and counseling are provided older Indians.

4.

There should be *outreach and referral services* for the elderly for this purpose.

RESPONSE:

1. The Administration on Aging will urge DoL to take action under CETA, Title IX and the Employment Service.
2. Information and referral services funded under Title III of the Older Americans Act can be used to provide information about employment opportunities.

5.

That there be an equitable form of *tax relief* for the elderly Indian.

RESPONSE:

1. The Employee Retirement Income Security Act (P.L. 93-406) has been enacted. It seeks to encourage saving for retirement by providing various tax incentives designed to enable persons not covered by public or private pension plans to create individual plans (IRA) and to assist self-employed persons to design more adequate pension plans (KEOUGH plans); and seeks to make certain improvements in tax laws regarding private pension plans, generally by adding requirements relating to participation,

vesting, funding and administration.

2. The Administration in 1972 proposed legislation designed to alleviate some of the property tax burden of low income and older persons, 70% of whom own their own homes. Since 1969 these taxes have increased by 60%. The older homeowner, on the average, pays 8.1% of his or her income for property taxes, contrasted to the 3.4% paid by the typical urban family. Lower income older persons find themselves paying an even larger portion of their income in property taxes—from 30% to 50% of their income—and many older persons as a result find it extremely difficult to meet this increasing burden.

   Twenty-two States have adopted State financed "circuit breaker" tax relief programs for low income and older persons, and every State now provides some form of property tax relief.

3. The new Tax Reform Act provides special tax relief for the elderly, including Indians. For tax payers 65 or older, a 15% credit for the elderly is available for all types of income, up to $2,500 for single persons and $3,750 for couples filing jointly. Single persons with $2,500 in qualifying income can reduce their tax liability by $375, $2,500 multiplied by the 15% credit. An elderly couple entitled to the maximum credit can subtract $563 from their taxes, $3,750 times 15%.

   Persons under 65 are eligible for a retirement income credit, provided they receive a public pension or annuity. They may also claim a 15% credit, but only on up to $2,500 in qualifying pensions or annuities for individuals and $3,750 for elderly couples.

6.

That retirement plans be worked out in such a way that there is a *guaranteed pension*, that it be vested and with portability.

RESPONSE:

1. The Employment Retirement Income Security Act (described in response #5 above) will help protect workers' investments in private pension plans.

7.

That there be a Social Security "ALERT" to assure that all eligibles receive their entitlements.

RESPONSE:

1. In FY 75 an outreach campaign was launched by AOA entitled SSI ALERT. The program was designed to notify persons who were potentially eligible about the SSI program.

   The Administration on Aging has continued to encourage State and Area Agencies to finance outreach programs designed to inform older persons about benefits for which they are entitled.

2. The Social Security Administration conducts an ongoing public information campaign to notify people about the programs it administers.

8.

That a Federal *policy be established which would state that judgment funds are not to be considered as assets or windfall*, but rather the due allotment and recompense for misappropriated lands and rights. That this policy be binding to all State and local welfare agencies.

RESPONSE:

1. The Social Security Administration is currently considering developing a policy that will deal with this issue.

9.

That *State public assistance departments cease to press the elderly Indians to sell individual allotted lands on reservations to meet their own subsistence needs*, in view of the Indians' desire to retain the tribal homeland intact for further use in accord with President Nixon's rejection of termination as a Federal policy.

RESPONSE:

1. The Supplemental Security Income (SSI) program replaced the Federal-State Old Age Assistance program which permitted States to compel old persons to place a lien on their homes before receiving assistance. This provision was eliminated by the SSI program and States may no longer follow this practice.

10.

That *Social Security benefits be extended all male and female elderly upon reaching the age of eligibility* regardless of their participation during previous periods of employment.

RESPONSE

1. The Supplemental Security Income (SSI) program does provide automatic minimum benefits of $157.50 a month for older individuals and $236.30 for older couples. Eligibility for this program is determined without reference to a persons' prior work record.

11.

Income limitations should be raised to keep pace with inflation; allow individuals to be employed and receive benefits to improve living conditions.

RESPONSE

1. The retirement test has been liberalized, and is adjusted annually automatically to account for increases in the cost-of-living.

   In 1976, a Social Security recipient can earn up to $2,760 before benefits were reduced $1 for ever $2 over that level.

12.

That separate funds be made available for the establishment of special manpower programs designed by and for elderly Indians.

13.

That *manpower programs be designed* to retain the people on or near the homelands of the elderly Indian.

14.

That these *manpower programs be adequately funded* to meet the employment needs of the Indian aged.

RESPONSE:

1. Special manpower programs (described in response to #2) have been authorized under Title III of CETA.

15.

A program should be established for the purpose of disseminating information on income maintenance e.g. Social Security, S.S.I., Veterans Benefits, General Assistance, private retirement programs and other income sources to the elderly *through home visits* (outreach) and offices on or near reservations.

16.

Workers employed for this purpose should be of Indian descent and, whenever possible, of Senior Citizen status.

RESPONSE:

1. The Social Security Administration (SSA) conducts an ongoing public information campaign to inform the public of its programs.
2. The Administration on Aging will urge the Social Security Administration to pursue an affirmative action effort to insure that Indians, and when possible older Indians, are employed in programs that provide information on its programs to the public.
3. State and Area Agencies on Aging have a responsibility to provide outreach services. They have been encouraged to use minority outreach workers in minority communities.

Certain agencies deduct income derived from the sale of arts and crafts (Example: General Assistance, Welfare Programs administered by local and state governments, Food Stamp program)

17.

Agencies using this method to reduce income should be prevailed upon to desist from such practice.

RESPONSE:

1. The Administration on Aging will refer this to the Social Security Administration.

18.

The first $2,500 of elderly Indians income should be disregarded in determining eligibility for social services.

RESPONSE:

1. The Older Americans Act of 1965, as amended does not stipulate an eligibility requirement.
2. Title XX of the Social Security Act does have an income eligibility requirement. Recently enacted amendments to Title XX, however, does away with the prior requirement in the regulations that States determine income eligibility for services by requiring documentation of income from an individual, and that such documentation be verified. The regulations now provide that "States may establish any method or methods, including a declaration method, for determining eligibility." They define the declaration method as "acceptance of an individual's statements regarding the source and amount of his family's gross monthly income, and the income maintenance status. . .of any member of the family."

19.

The Social Security Administration should administer its S.S.I. program uniformly throughout all 50 states in accordance with (CM 12362) (20CFR-416.1151) whereby supplemental benefits paid by state or local governments are excluded.

20.

Extra benefits received by an individual under a general assistance program which counts S.S.I. as income and gives the individual the difference between his/her S.S.I. benefit and the G.A. Standard should also be excluded.

RESPONSE:

1. The Administration on Aging will refer these issues to SSA.

21.

The minimum age for S.S.I. benefits to Indians should be lowered.

RESPONSE:

1. The Social Security Administration has under study whether the members of certain groups with a shorter life expectancy due to economic or racial discrimination are being disadvantaged under present age and benefit standards.

In some cases, the lack of marriage certificates causes difficulties in obtaining some benefits. In the case of separation from (Indian common law) spouse, financial assistance is cut off.

22.

Statutes recognizing Indian traditional marriages should be enforced.

23.

Establish a system providing emergency funds for such cases.

RESPONSE:

1. The Administration on Aging will refer this to the Social Security Administration.

24.

There should be a program to pay for the live-in help.

RESPONSE:

1. In-home services can be provided under AoA's Title III program. State Agencies on Aging are encouraged to develop for inclusion in their FY 78 State Plans standards of performance for in-home services supported by Title III and VII. States currently are using 16% of their funds to support in-home services.

   The prime purpose of the Older Americans Act is to enable older persons to live in their own homes or other places of residence as long as possible.

   In-home services can also be supported under the Title XX and Medicaid programs.

Illegal use of old age pensions and Social Security benefits by persons other than recipients (in rest homes, by relatives, etc.)

25.

Establish safeguards and educate the elderly in their application.

RESPONSE:

1. Note response to recommendation #5 in the section on Nursing Homes.

26.

Establish emergency funds for temporary disability.

RESPONSE:

1. This is an issue the Administration on Aging is raising in connection with the development by HEW of a comprehensive welfare reform proposal.

27.

Indian tribes and organizations should be funded for the establishment of arts and crafts projects which would supply materials to the elderly and assist in marketing the finished products. This type of program would

28.

Provide gainful employment, making use of existing skills.

29.

Preserve traditional Indian crafts skills.

RESPONSE:

1. The Administration on Aging would be happy to receive a proposal for such a program that could serve as a model and can be replicated. Consideration will be given it under AoA's Section 308 Model Projects on Aging program. In addition, AoA will explore the possibility of a joint venture with the Department of Labor and National Endowment for the Arts.

Nursing Homes and Alternatives

1.

Federal funds should be made available directly to Indian tribes or organizations for the design, construction, and operation of these facilities on the local level.

RESPONSE:

1. Refer to response #4 in the section on "health."

2.

That *on-site paraprofessional service staff be made available to assist the elderly Indian.*

RESPONSE:

1. Paraprofessional staff to assist the elderly Indian on nutrition sites can be made available under the Title VII program.

3.

That sufficient funds be provided for adequate care for Indian individuals in custodial or nursing homes.

RESPONSE:

1. We understand that the Indian Health Service will be responding to this recommendation.

4.

A system of advocacy be established and maintained for elderly care.

RESPONSE:

1. The Administration on Aging has made funds available to State Agencies on Aging for the purpose of developing at the local level community action programs that will act as ombudsmen for patients in Skilled and Intermediate Care Facilities.

   This program grew out of a three-year demonstration program initially developed by the Public Health Service.

   Programs to publicize the function of the ombudsmen have been initiated by the States. Also, the findings resulting from ombudsman services have been publicized primarily by those States which participated in demonstration projects.

5.

Indian nursing homes or sheltered care facilities on reservations should not have any State controls imposed on them, but Federal regulations should govern these facilities similar to the Indian Health Service Hospitals.

RESPONSE:

1. Federal regulations exist governing skilled nursing facilities and patients' rights. Under Medicaid, however, States may add to them.

6.

Nursing homes must be established on the individual reservations or at least in close proximity, staffed by Indians with a local cultural background.

RESPONSE:

1. Federal financing for construction and maintenance of nursing homes is available under the National Health and Planning Resource Development Act of 1974 (note response to #4 in the section on "Health").

7.

A system of advocacy for elderly in need of special services must be established and maintained.

For those elderly persons who are well enough to remain in their own homes, homemaker services should be provided as follows:

a. shopping services
b. House cleaning
c. laundry
d. visits by home health aides or Community Health Representatives)
e. congregate feeding programs or "Meals on Wheels"
f. Escort service to medical and other services
g. reassurance and protection through contacts by tribal or project staff and regular (tribal) police patrols
h. telephone service where available.

RESPONSE:

1. Refer to response to #4 above.
2. The 1975 Amendments to the Older American Act identified homemaker/home health aide services as one of four priority services under Title III for which State Agencies on Aging must assure that twenty percent of their Title III funds are expended. Fifty percent of any funds made available above the FY 1975 Title III appropriation must be used for these services until a State is expending one-third of its Title III funds for them.

   Title III programs may not charge a fee for services provided with Title funds.

   States currently are expending 16% of their Title III funds for such services.

   Homemaker/home health aide services can be funded under the Title XX Social Services program, and the Title XIX Medicaid program. However, whether these services are supported is dependent on what States elect to provide under their programs.

   The Department of Health, Education, and Welfare has published proposed regulations on Medicaid coverage of home health services.
3. The primary purpose of Title III of the Older

Americans Act is to bring into being coordinated comprehensive service systems at the community level in order to enable older persons to live in their own homes or other places of residence as long as possible. The funding level of Title III has increased from $12 million in FY 1972 to $122 million in FY 1977.

The Title VII Nutrition Program, now operating at an annual level of $225 million, provides both congregate and home-delivered meals and related social services in order that older persons might continue to live independently.

The Title XX Social Services program funded at an annual rate of $2.5 billion, and the Title XIX Medicaid program are also resources for support of alternatives to institutional care. However, States make their own decision as to whether they will support such programs.

8.

Mileage allowances must be realistic in relation to actual distances which must be covered to provide comprehensive outreach.

RESPONSE:

1. AoA agrees with this statement of policy.

9.

Day Care Centers (including 24-hour care as needed) under the administration of Indian tribes or organizations must be made available and accessible to the Indian elderly in their local areas.

RESPONSE:

1. Can be funded under Title III and Section 308, Model Projects on Aging Program.

10.

Multi-purpose Indian Senior Citizen Centers should be established in Indian communities and staffed to provide comprehensive services.

RESPONSE:

1. In FY 1976, funds were made available for the Title V Multi-purpose Senior Center program authorized by the Older Americans Act to support acquisition, alteration and renovation of existing facilities. Seven grants were made in FY 1976 to Indian tribes or organizations. Twenty Million dollars are available in FY 1977. Indian tribes and organizations can apply for these funds.

Housing

1\.

That *program policies governing housing not be restrictive but adaptable to the elderly housing needs and the financial condition of individual Indian people and, wherever necessary, no cost housing should be provided.*

RESPONSE:

1. The revised 202 program (Housing Program for the elderly and handicapped) under the Housing and Community Development Act of 1974 directs the Secretary of HUD to consult with the Secretary of HEW to insure that special housing projects for the elderly and handicapped meet acceptable standards of design and provide quality services and management consistent with the needs of occupants. It further requires that such projects be specifically designed and equipped with such related facilities as may be necessary to accommodate the special environmental needs of the elderly and handicapped.

   In a directive from HUD dated April 22, 1976 it was noted that the new or rehabilitated projects to be funded under the 202 programs will vary in size and design, and will be expected to furnish a wide range of services including health, continuing education, welfare, informational, recreational, and transportation services.

   The 202 program, which is funded at the $750 million level in FY 1977, provides funds to assist nonprofit sponsors develop housing for the elderly and handicapped. Support for low income residents is available under Section 8 of the Housing Act.

   The Administration on Aging has a signed interagency agreement with HUD to promote comprehensive, coordinated services for older persons through Titles III and VII of the Older Americans Act, and the Section 202 program.

2. To date there is no provision in law for no-cost housing for the elderly. However, through the 202 program provisions have been made to set aside funds for capital costs or construction and for ongoing rental assistance subsidies.

   The Five Civilized Tribes has received a fund reservation under Section 202 to construct *100* units.[1]

2\.

That *full local participation of elderly individuals and organizations be assured in the designing, location, and construction of elderly Indian Housing projects.*

RESPONSE:

1. The agreement between AoA and HUD (Note response to #1 above) has an objective which encourages the involvement of elderly citizens in the planning of projects proposed under the Section 202 program.[1]

3\.

That all organizations dealing with elderly Indian projects have adequate representation of elderly Indians on their decision-making boards.

4\.

Changes in Indian housing policy should not be accomplished without consultation with Indian people.

5\.

Housing should be designed to preserve the Indian heritage and architecture.

RESPONSE:

1. The Administration on Aging through the AoA and HUD agreement (refer to response #1), will continue to urge State and Area Agencies on Aging to work with housing counterparts to assure the involvement of elderly Indians in the development of Section 202[1] and/or Indian housing projects.
2. Section 202[1] provides that "projects shall be specifically designed and equipped with such related facilities as may be necessary to accommodate the special environmental needs of the intended occupants..."

6\.

Funds should be clearly identified for the elderly and should be made available in sufficient amounts to meet the housing needs of the elderly.

7\.

Indian tribes and organizations should be eligible for *direct funding for housing* projects from the national federal level.

RESPONSE:

1. As was noted in response to #1, $750 million has been appropriated in FY 1977 for the Section 202[1] housing loan program for the elderly and handicapped.

   Under this program HUD makes direct awards to nonprofit organizations.

   AoA will work with HUD to determine if several projects specifically designed for older Indians can be developed under this program.

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[1] Section 202 cannot be used on Indian reservations as Indian trust land cannot be mortgaged or otherwise encumbered. The Five Civilized Tribes do not reside on reservation land. Ed.

8.

The Congress of the United States is requested to *establish an Indian Desk* (staff group) composed of all Indian staff with adequate funding to directly distribute funds to all Indian tribes' elderly housing programs.

RESPONSE:

1. The AoA will refer this issue to HUD.

A HUD (Housing and Urban Development) requirement is that a person be at least 62 years old and in good health (able to care for himself) to qualify for a housing project.

9.

The minimum age should be lowered; not too many Indian people can meet all the health requirements at that age.

RESPONSE:

1. The AoA will urge HUD to amend the definition of elderly to 55.

10.

Programs should be instituted to provide and maintain adequate and safe supplies of water, electricity and/or gas; home repair and maintenance should be provided on a regular basis, (including making homes structurally accessible to handicapped people).

RESPONSE:

1. Two programs administered by HUD provide some assistance in the area of home repair and renovation. These are: Section 115 of the Housing Act of 1964, as amended. The basic elements of these two programs are as follows:
   - *Loans and grants* are made through the local public agency carrying out program e.g., Renewal Agency, Housing Authority or Department of local governments.
   - *Residential Rehabilitation loans:* Residential rehabilitation loans may be used for repairs and improvements needed to make the property comply with the local housing code in a code enforcement area, or with plan requirements and objectives in an urban renewal area or neighborhood development program. As of May 12, 1975, HUD transmitted a field memo that approved Community Development Block Grant Areas (e.g., conservation districts) as eligible for use of 312 funds.

     Homeowners or home buyers under an installment contract are eligible for a loan under these programs if the property is in the approved area and if the property is in violation of local codes in urban renewal plan. The owners or buyers must be acceptable risks and be able to repay the loan. Applicants with low incomes are given a priority in the processing of loan applications.

     Loan amounts available are equal to actual cost of rehabilitation or $12,000, whichever is less. The $12,000 limit may be waived in high construction cost areas. The terms of the loan are generally 20 years or ¾ of the economic life of the property, whichever is less. The interest rate is 3%.
   - *Rehabilitation Grants:* Rehabilitation grants may be made to homeowners or home buyers who:
     - Own or are buying a unit of not more than four dwelling units,
     - Have an annual income of $3,000 or less, unless more than 23% of income is required for housing.

     The amount of the grant may be up to $3,500.

RESPONSE:

2. Two programs designed specifically for rural areas also are designed to meet this need. These are: Sections 502 and 504 under Title V of the Housing Act of 1949 which are implemented by the Farmers Home Administration.

   Section 502 provides loans in rural areas to finance homes and building sites. Loans may be made in towns with populations between 10,000 and 20,000 that are outside of standard metropolitan statistical areas. Home ownership loans may be used to buy, build, improve, repair, or rehabilitate rural homes and related facilities, and to provide adequate water and waste disposal systems.

   Section 504 provides loans and grants to assist owner-occupants in rural areas who do not qualify for Section 502 loans to repair or improve their dwellings to make such dwellings safe and sanitary and remove hazards to the health of the occupants, their families, or the community.

Transportation

1.

Transportation should get priority funding from the Office on Aging and other appropriate agencies.

RESPONSE:

1. Transportation is one of four priority services required by the Older Americans Act (Note response #1 in the Legal section). States are currently expending 25% of their Title III funds on transportation.

   In addition, the Administration on Aging signed an agreement with the Department of Transportation in September, 1975 which covers the range of Department of Transportation programs that could impact on the improvement of transportation for older persons, as well as those DHEW programs that have resources which could be pooled with Title III and Title VII of the Older Americans Act and the Department of Transportation to develop and maintain comprehensive, coordinated transportation systems for the elderly. Under this agreement, AOA and DoT have pledged to work in concert to promote the following goals:

   1. To increase the mobility of older Americans by improving their access to public and specialized transportation systems in urban and rural areas.
   2. To work toward the coordination of public mass transportation services and facilities with special transportation services for the elderly and and handicapped.

2. To work toward the pooling of health and social service programs resources available to States and communities for transportation - including the resources available under Titles III and VII of the Older Americans Act, Titles XIX, and XX of the Social Security Act, and the Vocational Rehabilitation Act—to pay the operating costs associated with special transportation for the elderly and handicapped.

   In relation to this agreement DoT has made available more than $20 million in each of the last two Fiscal Years to support the purchase of vehicles to transport the elderly, and handicapped. This support, made available under 16(b) (2) program of the Urban Mass Transportation Administration, is provided to non-profit organizations selected by the States.

3. *Transportation for the Elderly: The State-of-theArt*, prepared by the Institute of Public Administration and published by the Administration on Aging in 1975, identified a range of transportation problems confronting older Americans. The report concluded that the elderly were not well served because: (1) they were confronted by a transportation network and public and private facilities largely oriented to the private automobile when their access to private transportation had diminished for physical and/or financial reasons; (2) the physical design and service features of public transportation systems created serious problems of orientation and maneuverability frequently discouraged or prevented them from making trips; (3) they frequently lived in areas poorly served or not served at all by public transportation; and (4) their incomes were often too low to purchase adequate amounts of public transportation.

   The state-of-the-art report noted that current public transit programs largely consisted of reduced fares for the elderly. Though they were of some value to the elderly, reduced fares were generally available only during the off-peak hours of operation and, of course, were not much help in areas with little or no public transit. In any case public transit was not providing the kind of personalized door-to-door service the elderly needed.

   In an attempt to meet some of the urgent transportation needs of the elderly, public social service and private agencies developed their own transportation services. According to the state-of-the-art report, in mid-1974 there were between 1,000-1,500 such projects operating. Almost two-thirds of these offered a flexible personalized service that provided door-to-door service for their clients.

   These special transportation projects were being used not only for trips to social services and medical facilities, but for shopping and recreation trips as well. The state-of-the-art report found that when free choice was available to the elderly, recreation, shopping and social trips were as important as access to health and social services.

   Though most of the transportation projects studies were using a variety of funding sources, the majority were being operated under Title III and VII of the Older Americans Act. Though data were limited, cost information confirmed that most of the projects were expensive to operate. For example a typical van operation cost about 40-60 cents a vehicle mile in an urban setting and 50-70 cents a vehicle in a rural setting. All needed continuing financial support if services were to be provided.

   Not surprisingly, the report found that among the many problems encountered in organizing and operating these special transportation systems, the major problem was the lack of funds. Because of this, most of the projects were in a constant state of uncertainty about the future of their operations. Though the report identified a variety of sources that could provide funds for transportation, these sources were fragmented and uncoordinated. Typically, projects using different funding sources were operating side-by-side, duplicating services, overlapping routes, and serving the same clients.

The potential for using "available free time" from school buses as a resource was also explored. Unfortunately, a number of problems limited the potential. Specifically: (1) in many States there were direct statutory or policy restrictions on the use of school buses for non-school purposes, (2) it was difficult to obtain the extra insurance coverage needed in order to transport the elderly, (3) there was a reluctance on the part of local school boards and districts to permit their buses to be used for non-school purposes, (4) the amount and times of day when the buses were free was limited, (5) school buses had relatively high operating costs; and finally, (6) agencies providing transportation for the elderly did not like the school bus unless it could be modified because of its poor design, low level of comfort, and safety problems when used to carry the elderly.

In view of the difficulties encountered in funding transportation services for the elderly, the state-of-the-art report stressed the importance of using presently available resources as effectively and efficiently as possible. Coordination was cited as one of the most important means available to assure efficient use of these resources. However, of the more than 1,000 projects identified, only a small number were coordinating the needs of their clients with the transportation needs of other social service agencies or public transportation.

Though the importance of coördination was recognized by project operators, a number of factors were identified that limited their ability to coordinate their transportation projects with others. The major limiting factors specified were: (1) *user restrictions* (especially eligibility requirements related to age, income or health conditions); (2) *institutional barriers* (such as conflicts with franchised transportation operators, difficulties in obtaining insurance, or reluctance to become involved in negotiating labor agreements); and (3) *institutional mismatches* (such as the absence of linkages between social service delivery systems and transportation agencies).

The state-of-the-art report noted that future efforts needed to be directed toward improving coordintion between transportation systems and social service agencies, promoting more integration of transportation services and funding, and encouraging more coordinated purchasing.

4. A recent amendment to Title III of the Older Americans Act authorizes State and Area Agencies on Aging to enter into agreements with agencies administering programs under the Rehabilitation Act of 1973, and Titles XIX and XX of the Social Security Act for the purposes of developing and implementing plans for meeting the common needs for transportation services of persons receiving benefits under such Acts and older persons participating in programs under Title III and VII of the Older Americans Act. It is expected that the implementation of this provision will increase the transportation services available to older persons participating in Title VII nutrition projects.

   Note response #2 to the following recommendation.

2.

Funds should be allocated to assure elderly American Indians of their transportation needs. One of the ways the problem could be alleviated is by providing vehicles deemed necessary to overcome the existing conditions cited (above). However, each Indian tribe or organization should define its own transportation requirements to fit its respective needs.

RESPONSE:

1. In FY 1976, $22 million was alloted under 16(b) (2) of the Urban Mass Transportation Act of 1964, as amended, for capital assistance grants to non-profit corporations and organizations to serve the transportation needs of older persons and the handicapped. Funds will also be available in FY 1977.
2. Section 4(c) of the Urban Mass Transportation Act of 1964, as amended (by the National Transportation Act of 1974) authorized up to $500 million for capital assistance to non-urbanized areas. Such assistance may be applied to special transportation services for the rural elderly and Indians.

3.

Transportation services to the Indian elderly should include the provision of escort service and mobile chair (wheelchair) service to enable them to have access to necessary services.

RESPONSE: As a matter of policy we agree.

1. The Department of Transportation has a strong statutory mandate to make special efforts in planning and design of mass transportation facilities and services so that the availability of such facilities and services to elderly and handicapped persons will be assured. This mandate is spelled out clearly in Section 16(a) of the Urban Mass Transportation Act of 1964, as amended and Section 165(b) of the Federal-Aid Highway Act of 1973, as amended.

   Rules governing elderly and handicapped transportation were published in the April 30, 1976 issue of the *Federal Register*. These rules primarily cover the hardware, service and planning aspects of the public transportation for the elderly and handicapped and as such, deal with the physical design and accessibility of vehicles, etc. These rules govern all relevant programs under the Urban Mass Transportation Act of 1964, as amended (including the provisions of the National Mass Transprotation Act of 1974, which amended the aforementioned Act), and the Federal Aid Highway Act of 1973, as amended.

2. The Federal-Aid Highway Act of 1973, as amended, authorized a Rural highway Public Transportation Demonstration Program for transportation projects in rural areas. Over $24 million has been made available for this program since FY 1975. While this program aims at providing general transportation services, the selection criteria specifically requires the adaptibility of systems to meet the elderly and handicapped. Further projects purchasing rolling stock must include at least one vehicle equipped to accommodate wheelchairs. The program was authorized initially for two years. However, recent legislation has extended the authorization for two more years.

Legal Problems

1.

That legal services be made available to the elderly for the purpose of obtaining rights to Old Age Assistance, writing of wills, etc. These services should be made available in the local area rather than some far removed large metropolitan area.

RESPONSE:

1. The 1975 amendments to the Older Americans Act require State Agencies on Aging to expend at least 20% of the State's Title III allotment on one or more of four priority services. One of these four priority services is legal services. These amendments also require States to utilize up to 50% of any funds made available to them above their FY 1975 allotment for these services until the State is expending at least 33⅓% of its Title III funds on them. States are currently expending 13% of their Title III funds on legal services.

   The Administration on Aging has funded eleven model projects designed to provide technical assistance to the States in establishing legal services and in demonstrating different means of providing legal services to the elderly. Attention to both approaches has been given on how to involve the private sector.

   The Administration on Aging and the Legal Services Corporation are providing support to the National Senior Citizen's Law Center, which does give specific attention and assistance to the legal provision on the legal rights of the older persons.
2. In January, 1977, the AoA and Legal Services Corporation signed a Statement of understanding which encourages cooperative relationships between Legal Services Corporation, funded legal services programs and AoA funded projects and agencies at the State and local level to maximize the capacity of both to provide access to legal services for the elderly.

2.

Recommend that there be *direct funding from the Law Enforcement Assistance Administration to Indian tribes and organizations for advocacy for the Indian elderly in the court systems,* in corrections, and for programs which would provide the following:

(a) Education (orientation) in:
   - (1) Personal (civil) rights
   - (2) When a lawyer is needed, how to engage a lawyer, what a lawyer should be expected to accomplish
   - (3) Hiring and training of bi-lingual Indian Legal Aid staff, court interpreters, law enforcement personnel
   - (4) Hiring and training Indian individuals to serve as ombudsmen (provide advocacy) for Indians in jail or in other encounters with law enforcement authorities
   - (5) Guardianship (trust)
   - (6) Estate planning, wills, probate
   - (7) Property rights
   - (8) Rights relating to trust land
   - (9) Credit
   - (10) Taxes
   - (11) Consumer Fraud
   - (12) Repossession

(b) Legal Aid

RESPONSE:

1. The Administration on Aging will refer this recommendation to the Law Enforcement Assistance Administration with a recommendation that it be given serious consideration.

Health: Mental Health

1.

Emphasis must be placed on comprehensive services for the Indian elderly in response to their special needs; these services must be better coordinated.

RESPONSE:

1. Titles III and VII statutes and regulations place priority attention on meeting the needs of the low-income and minority elderly. Area Agencies on Aging are charged with developing coordinated, comprehensive service systems for older persons.
2. AoA has a signed Statement of Understanding Concerning Improvement of Services to Elderly American Indians with the Indian Health service and four other agencies to work cooperatively to expand the level of commitment of resources at the Federal, State and local levels for serving the needs of the elderly American Indian.

2.

Each Indian Health Service Area should develop and implement comprehensive programs of geriatric medical care, either through direct service or through contract services.

RESPONSE:

1. The Indian Health Service programs provide specialized health care. Fifty one hospitals, 86 field health centers, and several hundred health stations providing services to Indian families and single persons are supported under this program.

   We understand that the Indian Health Service will also respond to this recommendation.

   Title XV, Section 1502 of the National Health Planning and Resources Development Act of 1974 identifies 10 areas for priority consideration in the development and operation of Federal, State, and area health planning and resources development programs. Among them are: primary care services for medically underserved populations, especially those which are located in rural or economically depressed areas.

3.

All health service resources should be made known to the elderly before they need care for acute or chronic conditions. This service information should be disseminated and coordinated by a public service agency or the Social Security Administration.

RESPONSE:

1. AoA will continue to give this issue priority to insure that all older persons are reached.
2. The Social Security Administration is required to provide information and referral on all Federal resources.

4.

That *all health facilities be immediately upgraded to meet the specific standards of the Joint Commission of Accreditation of Hospitals.*

RESPONSE:

1. Under the National Health and Planning Resource Development Act of 1974, assistance will be provided through allotments, loans, loan guarantees and interest subsidies for:
   (a) modernization of medical facilities
   (b) construction of new outpatient medical facilities
   (c) construction of new inpatient medical facilities in areas where there has been recent rapid population growth
   (d) conversion of existing medial facilities for the provision of new health services
   (e) construction and modernization projects to prevent or eliminate safety hazards in medical facilities or to avoid non-compliance with licensure or accreditation standards.

   Funds are also available for the financing and maintenance of nursing homes under two programs administered by the Department of Housing and Urban Development:
   (a) Section 232 of the Public Housing Act provides mortgage insurance for nursing homes and intermediate care facilities (ICF's).
   (b) Section 232 (i) provides supplemental loans to finance the purchase and installation of fire safety equipment in nursing homes and ICF's.
2. HEW is concerned about the standards of health facilities. In view of this concern, it has promulgated standards for hospitals, mental institutions and nursing homes. Specific activities directed toward assurance of these standards are conducted by HEW.

5.

That *sufficient funds* be allocated to finance all aspects of health services so as to provide complete health coverage.

RESPONSE:

1. The Health Revenue Sharing and Health Services Act of 1975 mandates that centers receiving support under the Act must provide diagnosis, treatment, liaison and follow-up to older persons. (Refer to response #1 in the section on mental health).
2. The Federal Government provides a great deal of support to help older persons meet their health care needs. The Federal outlays for health benefits for the elderly amounted to $16.9 billion in FY 1976.

6.

The *Indian Health Service should be eligible for third*

party reimbursement under Medicare/Medicaid/Health Accident Insurance so that the patient can remain in the local Indian health facility.

RESPONSE:

1. We understand that the Indian Health Service will be responding to this recommendation.

7.

That *educational grants be provided to encourage individual Indians who wish to pursue and complete professional health careers.*

RESPONSE:

1. The Administration on Aging has supported, under Title IV-A of the Older Americans Act, special professional preparation and inservice education for those working with older persons. Emphasis has been placed on encouraging the introduction of aging concepts into the curriculum of a wide range of professional disciplines, and the development of specialized materials has been supported in selected areas of high potential impact, such as in the curriculum for schools of architecture. Funds are being made available to each State Agency on Aging for the support of training programs for the staff of State Agencies, Area Agencies, Nutrition Projects, other organizations that provide service to older persons and older persons who desire to become involved in the delivery of services. Sixty-four colleges and universities are receiving direct support for career training in aging. Out of 880 students receiving assistance under this program 29 are Indian.

   The 1973 amendments to the Older Americans Act added Section 308 (Model Projects), which authorized financial support for projects to, among other things, improve continuing and retirement education. Fifteen projects have been funded by the Administration on Aging which specifically address this issue.
2. AOA is committed to train minority researchers, including American Indians, in developing and carrying out research study in the field of Aging. AoA has also set aside 15% of all new start research funds for support of research conducted by minority researchers and about minorities.
3. The adult education program authorized under the Adult Education Act of 1966, as amended, provides undereducated adults (persons 16 years of age and older) an opportunity to continue their education to at least the level of completion of secondary school and makes available the means to secure training that will enable them to become more employable, productive, and responsible citizens.

   The program is a State grant operation administered by State education agencies according to State plans submitted to the U.S. Office of Education and approved by the U.S. Commissioner of Education. States are allowed grants to pay the Federal share of the cost of establishing or expanding adult education programs in local educational agencies and private non-profit agencies. The matching requirement for the State grant program is 90% Federal Funds and 10 percent State and/or local funds.
4. The AoA has also provided support to the Association of American Indian Social Workers for the training of American Indian paraprofessionals working with older American Indians.

8.

Continuous training for health career development must be emphasized. *The director of the Indian Health Service should establish a chair of geriatric medicine in each Indian Medical Center.*

RESPONSE:

1. The AoA will urge IHS to take affirmative steps to insure that a chair of geriatric medicine with Indian representation is established in each Indian medical center.

9.

Eligibility criteria should be uniformly applied.

RESPONSE:

1. Public Law 92-603 of the Social Security Act of 1972 authorized the Secretary of HEW to establish Professional Standard Review Organizations in local areas to assume responsibility for comprehensive and ongoing review of services covered under the Medicare and Medicaid programs. The Professional Standards Review Organizations are responsible for assuring that institutional services are: (a) medically necessary; (b) provided in accordance with professional standards.

   In addition, there are quality assurances programs in the Public Health Service and the Social Security Administration as well as utilization and medical review to insure quality of care and enforcement of standards.

10.

All United States Indians (and Alaska Natives) of one-fourth or more degree of Indian blood should be issued I.D. cards by the Bureau of Indian Affairs, and a system should be established to enable them to receive free medical aid anywhere in the United States; this should include both reservation and urban Indians.

RESPONSE:

1. AoA will ask BIA to review this proposal.

11.

The elderly should be allowed to choose their physician.

RESPONSE:

1. The AoA will refer this to the Indian Health Service.

12.

All *Indian people should be offered the influenza* *vaccine* developed for high risk persons because all Indian people are at high risk in this regard.

RESPONSE:

1. The Administration on Aging will refer this recommentation to the Indian Health Service.

13.

Support is expressed for the delivery of health services to Indians living in urban ares, for urban Indian health clinics and referral programs, and for services for special health needs.

RESPONSE:

1. AoA will refer this to the IHS for their consideration.

14.

Elderly patients must be reassured and all procedures and diagnoses clearly explained to them.

RESPONSE:

1. The AoA will urge the IHS to insure that all procedures and diagnoses be clearly explained to the patient before commencing treatment.

15.

Interpreters must be made available to ensure elderly patients understand; medical staff must be trained in cultural sensitivities of patients; there is a need for a patient advocate (ombudsman) in hospitals.

RESPONSE:

1. We understand that the Indian Health Service will be responding to this recommendation.

16.

Special funds should be made available for arthritis and diabetes prevention and treatment.

RESPONSE:

1. AoA will refer this recommendation to the Indian Health Service for their consideration.

17.

The patient's family should be notified when a patient is transferred to another medical facility.

RESPONSE:

1. The AoA will urge IHS to insure that when emergency medical services are provided at a non-IHS hospital and the patient is transferred to an IHS facility, the patient's family is notified.

18.

IHS facilities must be constructed so as to be accessible to Indian communities; there should be clinics in isolated areas. (The Northwest (Portland Area) e.g., is the only Indian Health Service Area which has no Indian hospital.)

RESPONSE:

1. We understand that the Indian Health Service will be responding to this recommendation.

Mental Health

1.

That *sufficient funds be allocated for the elderly American Indian to develop and assure the continuance of activities* which he deems important to his physical, spiritual and cultural well-being. Such activities might include, but not be limited to:

Clubs, such as social, sewing, cooking, arts and crafts, recreation, and gardening. These promote good health and keep the elderly from becoming lonely and depressed.

RESPONSE:

1. The basic purpose of Titles III and VII is to foster the development of coordinated, comprehensive service systems to assure services to the elderly. States have allocated $5,042,589 for services to elderly American Indians under Titles III and VII of the Older Americans Act.

2.

The Indian elderly must be helped to become a valued part of the Indian community again; *Indian tribes and groups should receive funding to involve the elderly in programs encouraging the preservation of the tribal culture,* e.g. teaching language and legends to students; teaching crafts.

RESPONSE:

1. Indian Tribes and groups can apply for funding under the Health Revenue Sharing and Health Services Act of 1975 (note response to #1 above).

3.

Social services with Indian staff should be established on reservations.

RESPONSE:

1. Titles III and VII of the Older Americans Act provide for services to all older persons. Indian Tribes on reservations can apply for Title III and VII funds to establish social services programs on reservations.

   Currently $5,042,589 in III and VII funds have been awarded by the States for social service activities for older Indians during FY 1977.

4.

Para-professionals of similar tribal background can be more real help to their elderly than outsiders with higher professional credits and project staff criteria should be established accordingly.

RESPONSE:

1. AoA agrees that para-professionals can render real service to older persons. States have been encouraged to use Title IV-A training funds made available to them to train, among other para-professionals. AoA is also supporting the National Paralegal Institute to train paralegals to help older persons with legal problems.

5.

Establish programs and train Indian staff to provide services enabling the elderly to remain in their homes or, if they need 24-hour care, provide live-in help. As a last resort, provide nursing homes on or near reservation.

RESPONSE:

1. The AoA's training policy has focused on meeting the needs of both today's and tomorrow's older persons. This has been accomplished by providing funds under Title IV-A of the Older Americans Act for: (a) in service training of State, Area Agency, and Nutrition project staff and service providers; and (b) career training for persons who plan to work in the field of aging as their chosen career or profession.

   In addition, the AoA has supported, under Title IV-A of the Older Americans Act, special professional preparation education for those working with older persons.

6.

Much greater *emphasis must be placed on local alcoholism programs* staffed with Indians and using traditional Indian methods to modify behavior (drinking habits).

RESPONSE:

1. The AoA will refer this recommendation to the National Institute on Alcohol Abuse and Alcoholism, HEW, and urge that the Institute give special attention to the needs and problems of older Indians.

Nutrition

1.

The U.S. Department of Agriculture and Office of Economic Opportunity (or its successor) must assist Indian tribes in developing a food program utilizing existing programs such as: commodity foods, food stamps, supplemental food, emergency food and medical services *to fit the particular nutritional needs of the elderly Indian people.*

RESPONSE:

1. The Title VII Nutrition Program for the elderly provides financial assistance, and through the State Agencies on Aging, technical assistance to community agencies to provide nutrition services for older persons. During FY 1977 States have funded projects totalling $3,839,175 to support such services to older Indians. All these projects receive commodity foods in an amount equal to 27¼¢ per meal served.

   AoA has urged the State Agencies on Aging to insure that nutrition programs for elderly Indians fit their particular nutritional needs.

2.

The U.S. *Department of Agriculture should contract directly with Indian tribes for administration of the Food Stamp Program.*

RESPONSE:

1. The Administration on Aging will refer this recommendation to the Department of Agriculture for its consideration.

3.

All Federal funds presently being allocated to existing nutritional education programs must be funded directly to Tribal groups or organizations to carry out the function of nutritional education to elderly Indians.

RESPONSE:

1. The AoA will propose in the extension of the Older Americans Act in 1978 an amendment that will establish a separate Title for services for Indians. This title will authorize the Commissioner on Aging to deal directly with Indian tribes.

4.

That all nutritional programs be adequately funded to satisfy the nutritional needs of the elderly Indian.

RESPONSE:

1. Refer to response #1.

5.

Nutrition programs should be extended from once a week to at least five times a week.

RESPONSE:

1. Title VII regulations require that meals be served five days a week, except in rural areas. In these situations the State Agency on Aging may determine its most effective way to serve meals less than five days a week. AoA will urge the States to choose to provide meals five days a week at sites located on reservations.

6.

There should be special exemptions or provisions for the Food Stamp Program for the elderly as many are unable to qualify because their income might be from $.50 to $3.00 over the eligibility limit.

RESPONSE:

1. The Administration on Aging will refer this recommendation to the Department of Agriculture.

7.

Provision should be made to *lower the price of food stamps for the Indian elderly* and make eligibility criteria more flexible.

RESPONSE:

1. President Carter has proposed legislation that would eliminate the purchase requirement for food stamps. This means the eligible food stamp recipients will directly receive stamps and no longer have to pay for them. The Congress is considering this proposal.

8.

Training of recipients in the use of commodities should be provided.

RESPONSE:

1. Title VII projects (note response to #1 above) are required to make available certain supportive services, including nutrition education.

9.

More emphasis should be placed by the IHS and BIA on nutrition related services, including instruction in the preparation of special diet meals.

RESPONSE:

1. The AoA will refer this recommendation to the IHS and the BIA.

10.

Tribal cooperative food stores or mobile food cooperatives would answer this need. *Tribes should receive funding for this purpose.*

RESPONSE:

1. The AoA would be willing to give consideration,

under Section 308 Model Projects on Aging program, to a developmental proposal. AoA will also explore the possibility of a joint venture with the Department of Agriculture, Community Services Administration, Small Business Administration and Department of Labor to test this idea.

11.

Programs for the elderly must be comprehensive and include coordination with other services.

RESPONSE:

1. Under Title III of the Older Americans Act, State Agencies on Aging receive funds to foster the development of Comprehensive and coordinated service systems to serve older persons by entering into new cooperative arrangements with other agencies and providers of services.

12.

Nutrition programs should be flexible to incorporate traditional Indian foods and should be staffed with Indian personnel who are familiar and supportive of the respective Indian culture, can integrate the accustomed foods into the menus and design programs to meet local Indian needs.

RESPONSE:

1. The AoA has urged State Agencies on Aging to insure that nutrition programs incorporate traditional Indian Foods and are staffed with Indian personnel.

13.

More feeding sites for Indian reservations; separate sites for Indians in urban areas (Indians want to be with other Indians).

RESPONSE:

1. Currently $3,839,175 of Title VII Nutrition Program funds are allocated by States to service older Indians. The AoA will urge the State Agencies on Aging to establish more nutrition programs on Indian reservations and in urban areas where Indians reside.

14.

More flexible options to provide "Meals on Wheels".

RESPONSE:

1. Although the Title VII program is primarily a congregate meals program, home-delivered meals may be provided. Thirteen percent of the meals funded under Title VII are currently home-delivered.

Legislation

1.

Historically, Indian tribes and Nations have had a unique relationship with the government of the United States; the *Congress of the United States is therefore petitioned to amend the Older Americans Act to provide direct funding of programs to serve Indian elders to Indian tribes. Inter-tribal Organizations, Native Villages (Alaska), and Urban Indian organizations upon request of the respective Tribal Council and other Indian or Alaska Native governing body.*

RESPONSE:

1. The Administration on Aging will propose as part of the extension of the Older Americans Act in 1978 an amendment that will establish a separate Title for services for Indians under which the Commissioner on Aging is authorized to deal directly with Indian tribes.

   In the meantime, the AoA will continue to do what it can to insure that older Indians are adequately served.

2.

All enabling legislation should include specific language referring to federally recognized tribes and all other like tribes; Nations, etc. The word "Indian" and "Federally recognized Tribe" should be made a part of all grants to such tribes.

RESPONSE:

1. This language will be used in the proposed amendment to the Older Americans Act discussed in the response to #1 above.

3.

The *Indian elderly should be involved* in the *design, formulation, and implementation of all programs,* including the Older Americans Act, from which they could benefit. All regulations authorized under this legislation request should be submitted to the various Indian tribes for consideration and input into development of regulations.

RESPONSE:

1. Title III of the Older Americans Act requires that public hearings be held on State and Area plans on Aging before they can be acted on by the AoA or the State Agencies on Aging.

   Title III also requires the establishment of advisory committees to State and Area Agencies that must be composed of at least 50% consumers, have adequate representation of minority groups and must be given the opportunity to review State and Area plans both before and after the public hearings on them.
2. AoA will share all proposed regulations with the National Indian Council on Aging, for review prior to their final issuance.

4.

The United States must reassure our elderly citizens that the policy concerning termination is no longer a national policy.

RESPONSE:

1. Again, the Administration on Aging will be proposing an amendment to the Older Americans Act that will permit direct funding of Indian Tribes (note response to #1 above).

5.

That *sections 303* Part (a) and section 612 of the Older Americans Act of 1965, as amended November 1970, *be revised so that Indian tribes no longer have to go through State agencies for funding*. This is necessary because of the lack of sympathy by most States for their Indian population. All funds for older Indian programs should be funded directly to Indian tribes.

RESPONSE:

1. Refer to response #1 above.

6.

A class action should be brought in Federal Court in behalf of federally recognized Indian tribes which would *make possible unrestrictive direct funding* to tribes under the Older Americans Act and all other Federal legislation concerned with the funding of programs which could benefit Indian people.

RESPONSE:

1. The AoA is committed to making possible direct funding for Indian tribes (note response to #1 above).

7.

An Agency should be created at the national level to administer programs to serve the elderly Indian.

RESPONSE:

1. The Older Americans Act establishes an Administration on Aging at the Federal level to administer Older Americans Act programs. AoA will continue its efforts to be responsive to the needs of older Indians.

8.

That an *adequately staffed and funded Indian desk similar to Indian desks* in other Federal agencies be established in the Administration on Aging or its successor. This office would act as a central point for information and an advocate for the needs of the Indian elderly.

RESPONSE:

1. The AoA is committed to establishing an Indian Desk. An initial effort to support the concept of a "desk" will be made in the near future by means of supplementing the National Indian Council on Aging's existing AoA grant to support a full-time person selected by the Council to represent the needs of older Indians in Washington.

9.

The Administration on Aging should establish a system whereby Indian tribes receive continuous *notification of available programs* and other pertinent information relating to services to the elderly.

RESPONSE:

1. AoA funded in September, 1976 the National Indian Council on Aging. This award is designed to assist the Council in working with Indian Tribes on how to better serve their older members. The Council also works with State and Area Agencies on Aging to assist them in serving older Indians. The Council will serve as the conduit regarding programming, information and policy development for the elderly American Indian.

10.

That *agencies serving elderly Indians increase funding levels to Indian tribes so as to adequately serve their needs.*

RESPONSE:

1. The State Agencies on Aging are required to develop an action plan in their FY 1978 State Plan on Aging for increasing participation of low-income and minority older persons, including older Indians and rural older persons as beneficiaries of Titles III and VII programs.

   This action plan requires the State Agency to identify specific activities in which it will engage to assure that these requirements are being met and which further indicates the action steps which the State Agency will undertake to assure an increase in service to rural older persons and older Indians throughout the State.

11.

There should be provisions for earmarked (set aside) allocations to Indian tribes and organizations, not requiring matching funds, specifically for services to the Indian elderly in all legislative acts affecting services to the elderly.

RESPONSE:

1. Refer to response #1 above.

12.

The Administration on Aging should make planning grants to Indian tribes to identify the particular needs of the elderly on each reservation.

RESPONSE:

1. To date, the AoA funded five projects in the Indian community under Section 308—Model Projects on Aging Programs to undertake initial needs assessment and service program design which would lead to the development of coordinated services.
2. Refer to response #1 above.

13.

Appropriations by the Congress for Indian programs for services to the elderly shall be based on identified need rather than on any form of per capita basis.

RESPONSE:

1. While this recommendation is an appealing one, the AoA is not aware of any agreed upon method of determining need and translating that need into fiscal terms. This is an issue representative of the Indian community may want to raise directly with the Congress.

14.

The funding of all programs to serve Indian elders by the Administration on Aging or any other agency shall be for a minimum of five (5) years. Those programs which have demonstrated their effectiveness shall continue to be funded on an ongoing basis.

RESPONSE:

1. Under current regulations States are being encouraged to find other sources of funding for programs serving the elderly. However, there are waiver provisions which the Commissioner is authorized to approve upon a request from a State Agency on Aging.
2. AoA believes this issue can be directly implemented as part of any proposal to provide direct funding to any Indian tribe.

15.

Tribal statistical data should be considered a primary data source for programming data in lieu of the 1970 Census, which has proved to be inaccurate.

RESPONSE:

1. The Administration on Aging will give this recommendation consideration.

16.

Tribal jurisdictional areas should be considered standard statistical areas where they are not now so considered.

RESPONSE:

1. Note response to #15 above.

17.

The minimum age for eligibility for programs designed to serve the elderly should be lowered to 45 for the Indian elderly because of their lower life expectancy.

RESPONSE:

1. AoA believes that the precedent set by Title III might best address the concern behind this recommendation.

   Under Title III no age is provided which allows the local people flexibility.

18.

The minimum age for eligibility for programs designed to serve the elderly should be lowered to 45 for the Indian elderly because of their lower life expectancy.

RESPONSE:

1. Title III of the Act as it relates to services to Indians, clearly states that 60 years of age is the criteria for determining entitlement to funds (Section 303 (1)(4)).

   However, the Administration on Aging recognizes the need for flexibility for local program operators to focus attention on those "older" persons in greatest need of services, without a strict adherance to age limitations. Thus, flexibility currently exists for providing services to elderly Indians who have not reached 60 years of age.

19.

That a thorough and complete research program be developed to search, evaluate, and cause to be amended, existing laws and policies governing programs serving the elderly Indian.

RESPONSE:

1. The American Indian Policy Review Commission, established by Executive Order in 1975, has completed its work and will be publishing a final report very soon. The purpose of the Commission was to review existing laws and Federal policies affecting the American Indian and report its finding to the Congress.

20.

An *update* should be given to the national Indian community on the status of recommendations stemming from the *1971 White House Conference.*

RESPONSE:

1. The AoA has made available to the House Select Committee on Aging a document that provides information on the status of recommendations made at the 1971 White House Conference on Aging. AoA will make the same document available to the National Indian Council on Aging.

21.

The National Indian Planning Committee (on Aging) should be assigned as a permanent Task Force on Aging with direct HEW funding.

RESPONSE:

1. The AoA funded in September 1976, the National Indian Council on Aging as an outgrowth of this conference. The award is designed to assist the Council in working with Indian Tribes on how to better serve their older members. The Council also works with State and Area Agencies on Aging to assist them in serving older Indians.

22.

The Congress of the United States and the respective federal officials should keep the National Tribal Chairmen's Association informed of the status of these requests.

RESPONSE:

1. The AoA will be pleased to keep the National Tribal Chairmen's Association and the National Indian Council on Aging informed of the status of recommendations made in the report of the National Indian Conference on Aging.

EXACT COPY

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
OFFICE OF THE SECRETARY
WASHINGTON, D.C. 20201

Office of Human Development
Administration on Aging

INFORMATION MEMORANDUM
AoA-IM-77-52
May 5, 1977

TO: STATE AGENCIES ADMINISTERING PLANS UNDER TITLES III AND VII OF THE OLDER AMERICANS ACT OF 1965, AS AMENDED

INFO FOR: Area Agencies on Aging and Nutrition Projects

SUBJECT: (1) Announcement of Establishment of National Indian Council on Aging: (2) Transmittal of Summary Report, National Indian Conference on Aging, Phoenix, Arizona - June 15-17, 1976.

DUE DATE: NONE

CONTENT: (1) ANNOUNCEMENT

The National Indian Council on Aging, Inc. has been formed as a result of actions taken at the National Indian Conference on Aging in Phoenix, Arizona June 15-17, 1976. Federal financial assistance is being provided through a Model Projects on Aging grant (#90-A-989) and headquarters space and in-kind services are being provided by the Bureau of Indian Affairs, U.S. Department of the Interior.

Headquarters opened January 15, 1977; mail may be addressed to P.O. Box 2088, Albuquerque, New Mexico 87103; telephone (505) 766-2276. The Chairman is Mr. Don Mabray; Ms. Juana Lyon is the Executive Director.

The purpose of the Council is to outline priorities and goals for programs to combat problems in caring for American Indians and Alaskan Native elderly. The Council will offer a channel to foster cooperation and coordination among service providers and will seek establishment of nursing homes, senior citizens centers, day care centers, transportation and escort services, hospital care and nutritional programs for elderly Indians.

Additionally, the Council will establish legislative liaison to make the policies governing existing programs for the elderly more responsive to the needs of the aged Indian. It will also formulate a centralized approach to communications, research and technical assistance through continued input from the national Indian community and outreach in the interest of the elderly by the Council to all segments of the Indian population.

(2) Transmittal of Summary Report

The subject report is transmitted with this memorandum.

INQUIRIES: State Agencies should address inquiries to Directors, Office of Aging, Regional HEW Office.

Area Agencies on Aging should address inquiries to State Agencies on Aging.

Title VII Nutrition Projects should address inquiries to their grantor (State Agency on Aging or Area Agency on Aging).

/s/ Arthur S. Flemming
Commissioner on Aging

ATTACHMENT

EXACT COPY

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
OFFICE OF THE SECRETARY
WASHINGTON, D.C. 20201

Office of Human Development
Administration on Aging

May 31, 1977

Dear State Executive on Aging:

Please find attached a Program Instruction concerning implementation of Section 303(b) (3) of the Older Americans Act - Services to elderly Indian tribal members.

This Instruction has been in the development stage for several months. The issuance of the Instruction has been delayed in order to assure maximum opportunity for comment by the National Network on Aging and Indian tribes and agencies. A number of comments were received, and each received due consideration. This progress resulted in the attached final policy Instruction.

The procedures set forth in the Instruction require, for certain States, the development of an Action Plan for Serving Elderly Indian Tribal Members. This Action Plan is to be made part of the FY 1978 State Plan. If, after reviewing the Instruction, you anticipate encountering severe problems in connection with the development of an action plan, for inclusion in the Fiscal Year 1978 State Plan, I would appreciate your bringing these problems to my attention.

Very sincerely and cordially yours,

/s/ Arthur S. Flemming
Commissioner on Aging

Enclosure

EXACT COPY

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
OFFICE OF THE SECRETARY
WASHINGTON, D.C. 20201

Office of Human Development
Administration on Aging

PROGRAM INSTRUCTION
AoA-PI-77-21
May 26, 1977

TO: STATE AGENCIES ON AGING ADMINISTERING TITLES III AND VII OF THE OLDER AMERICANS ACT OF 1965, AS AMENDED

INFO FOR: Area Agencies on Aging and Nutrition Projects

SUBJECT: Implementation of Section 303(b) (3) of the Older Americans Act as Amended - Services to Older Indian Tribal Members

DUE DATE: August 1, 1977

CONTENT: I. *BACKGROUND*

The purpose of this memorandum is to set forth the Administration on Aging's policy and procedures for the implementation of Section 303(b)(3) of the Older Americans Act relative to assuring equivalency of benefits under Title III to older Indian Tribal Members. This Instruction was developed with consideration of comments received from the national network on aging in response to an earlier draft communication on this subject.

The older Americans Act Amendments amended Section 303(b)(3) of the Act to include specific provisions relating to serving older Indian Tribal members. The policies and procedures for implementing these requirements of the Act are set forth below. ATTACHMENT A to this Instruction provides the format of an Action Plan for Serving Older Indian Tribal Members which is to be included in the annual State Plan of States bound by the provisions of Section 303(b)(3). ATTACHMENT B is a Statement of Assurances Relative to Compliance with Section 303(b)(3) of the Act, which must also be submitted as part of the State Plan by the States affected.

II. *RESPONSIBILITY FOR SERVING ELDERLY INDIANS*

Each State having an Indian Tribe within its boundary shall develop an Action Plan for Serving Elderly Indians and submit this Action Plan as part of the State Plan each fiscal year; and shall also submit as part of its annual State Plan a Statement of Assurances Relative to Compliance with Section 303(b)(3) of the Act.

III. *ACTION PLAN FOR SERVING ELDERLY INDIAN TRIBAL MEMBERS*

The Action Plan for Serving Elderly Indian Tribal Members submitted by those States which are bound by the provisions of Section 303(b)(3) of the Act must provide assurances, found satisfactory to the Commissioner, that the elderly members of each Indian Tribe in the State, and each Tribe in each Planning and Service Area for which an Area Plan is to be approved, will receive a level of services under Title III that will provide benefits equivalent to the benefits to be received by all non-Indian elderly individuals in the State of Planning and Service Area.

The Action Plan must provide the following information for each Planning and Service Area having an Indian Tribe:

1. The benefits projected to accrue to all non-Indian older persons;
2. The benefits projected to accrue to all elderly Indian Tribal Members.

This information is to be provided according to the format indicated in ATTACHMENT B to this Instruction.

In making a determination of whether the benefits to be received by elderly Indian Tribal members will be equivalent to the benefits to be received by all non-Indian elderly individuals in a State or Planning and Service Area, the Commissioner will consider for each group: 1) the total dollars to be awarded; 2) the number of individuals to be served.

IV. *STATEMENT OF ASSURANCES*

In addition to the Action Plan for Serving Elderly Tribal Members, under Title III, each State which is bound by the provisions of Section 303(b) (3) of the Act shall provide as part of its annual State Plan assurances that:

a. The State Agency shall develop formal procedures for providing opportunity for representatives to each Indian Tribe in the State to review and comment on the State Plan before it is submitted to the Governor for review and approval.

b. The Indian Commission, or other appropriate Indian Agency of the State, if any, shall have the opportunity to review the State Plan each fiscal year before it is submitted to the Governor for approval.

c. Each Area Agency having an Indian Tribe within the boundaries of its planning and service area will include as part of its Area Plan each year an Action Plan which provides assurances that elderly Indian Tribal members will receive benefits equivalent to the benefits to be provided to all non-Indian older persons in the planning and service area.

d. Each Area Agency will be required to submit its Area Plan for review and comment to representatives of each Indian Tribe located within the planning and service area before the Area Agency submits the Area Plan to the State Agency for approval.

e. Where feasible, Indian agencies or organizations will be selected to provide services to elderly Indian Tribal members; and that where this is not feasible, agencies or organizations most qualified to provide services to elderly Indian Tribal members will be selected.

f. Before the State Agency makes an award to an organization to perform services benefitting more than one Indian Tribe, it shall obtain the approval of each such Indian Tribal organization.

g. The State Agency shall consider the advisability of permitting as allowable expenditures under Title III, the cost of any service, activity or equipment of a special nature that is designed to meet the unique and special needs of the elderly Indians.

ATTACHMENT B to this Instruction contains a statement relative to each of these assurances. This form is to be submitted by those States to which the provisions of Section 303(b) (3) apply as part of the annual State Plan.

V. *DEFINITION OF INDIAN TRIBE*

The term "Indian tribe" means any tribe, band, nation, or other organized group or community of Indians (including any Alaska Native village or regional or village corporation as defined in or established pursuant to the Alaska Native Claims Settlement Act (Public Law 92-203; 85 Stat. 688)' which (A) is recognized as eligible for the special programs and services provided by the United States to Indians because of their status as Indians; or (B) is located on, or in proximity to, a Federal or State reservation or rancheria.

VI. *CONCLUSION*

After review of the information provided by each State affected by the provisions of Section 303(b)(3) in the above mentioned Action Plan for Serving Older Indian Tribal Members and the Statement of Assurances, the Commissioner will determine what action to take on the State Plan; and whether to directly fund any Indian Tribal Organization(s) in the State.

INQUIRIES: State Agencies should address inquiries to Director, Office of Aging, Regional HEW Office.

Area Agencies on Aging should address inquiries to State Agencies on Aging.

Title VII Nutrition Projects should address inquiries to their grantor (State Agency on Aging or Area Agency on Aging).

/s/ Arthur S. Flemming
Commissioner on Aging

STATE ____________________
FY 19______

ATTACHMENT A
EXHIBIT II-10

TITLE III
ACTION PLAN FOR SERVING OLDER INDIAN TRIBAL MEMBERS BY TRIBE

1. PSA DESIGNATION	2. BENEFITS PROJECTED TO ACCRUE TO ALL NON-INDIAN OLDER PERSONS			3. LISTING OF TRIBES IN THE PSA	4. BENEFITS PROJECTED TO ACCRUE TO OLDER INDIAN TRIBAL MEMBERS		
List each PSA having an Indian Tribe	a. Amount of Title III Funds to be Expended for Services in PSA	b. No. of Older Persons to be Served in PSA	c. Average Per Capita Expenditure in PSA	List Each Tribe in the PSA	a. Amount of Title III Funds to be Expended for Services by Tribe in PSA	b. No. of Older Indians to be Served by Tribe PSA	c. Average per Capita Expenditure by Tribe PSA
	$		$		$		$

ATTACHMENT B

STATE ____________________ EXHIBIT ________

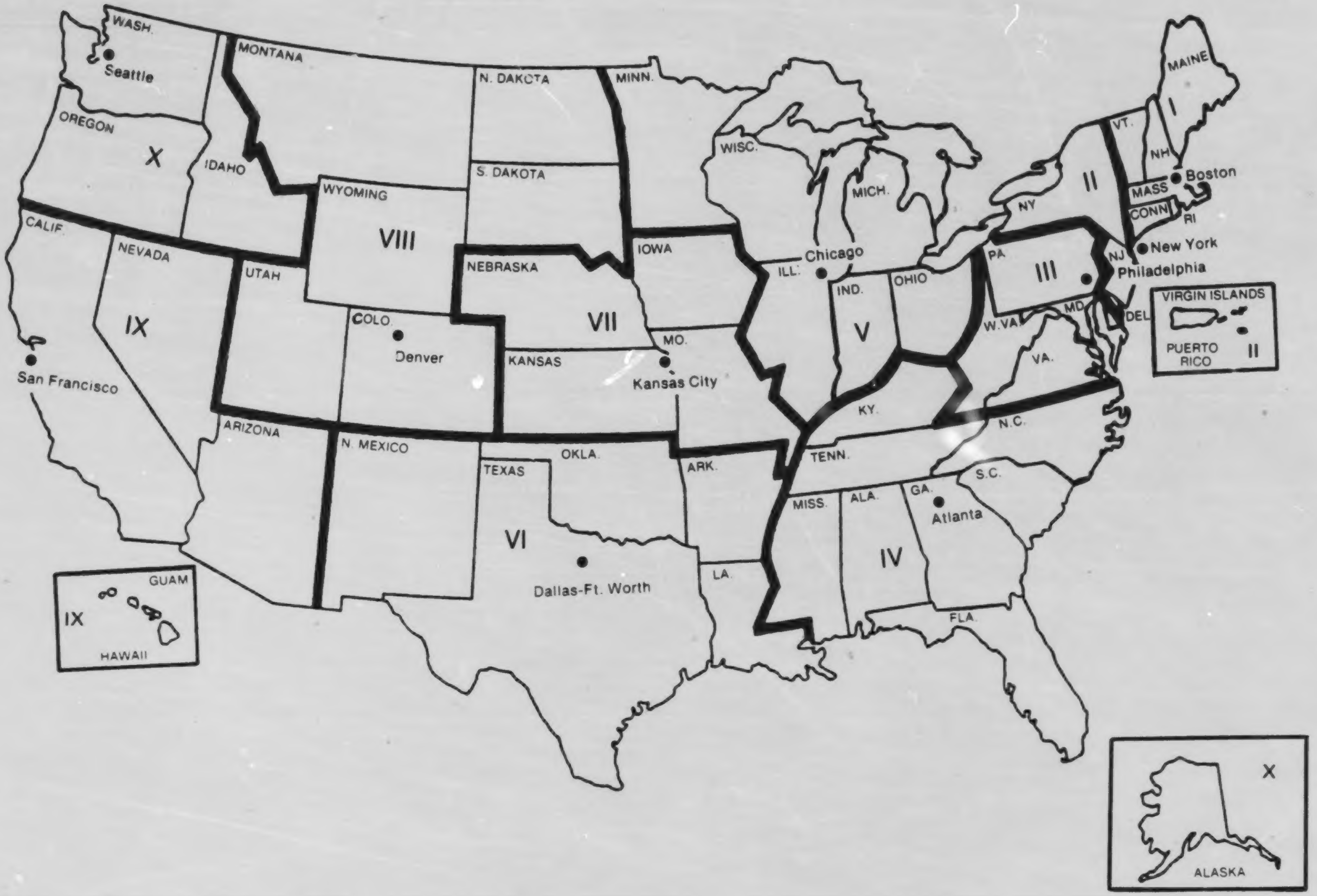
FY 19 ________

Statement of Assurances Relative to Compliance with Section 303(b) (3) of the Older Americans Act, as Amended

The State of ______________________________ being subject to the provisions of Section 303(b) (3) of the Older Americans Act, as amended hereby assures that:

1. The State Agency will develop formal procedures for providing opportunity for representatives of each Indian Tribe in the State to review and comment on the State Plan before it is submitted to the Governor for review and approval.
2. The Indian Commission, or other appropriate Indian Agency of the State, if any, shall have the opportunity to review the State Plan each fiscal year before it is submitted to the Governor for approval.
3. Each Area Agency having an Indian Tribe within the boundaries of its planning and service area will include as part of its Area Plan each year an Action Plan which provides assurances that elderly Indian Tribal members will receive benefits equivalent to those to be provided to all non-Indian older persons in the planning and service area.
4. Each Area Agency will be required to submit its Area Plan for review and comment to representatives of each Indian Tribe located within the planning and service area before the Area Agency submits the Area Plan to the State Agency for approval.
5. Where feasible, Indian agencies or organizations will be selected to provide services to elderly Indian Tribal members; and that where this is not feasible, agencies or organizations most qualified to provide services to elderly Indian Tribal members will be selected.
6. Before the State Agency makes an award to an organization to perform services benefitting more than one Indian Tribe, it shall obtain the approval of each Indian Tribal organization.
7. The State Agency will consider the advisability of permitting as allowable expenditures under Title III, the cost of any service, activity, or equipment of a special nature that is designed to meet the unique and special needs of elderly Indians.

STANDARD FEDERAL REGIONS


WASH.
Seattle
OREGON
X
IDAHO
MONTANA
N. DAKOTA
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VIRGIN ISLANDS
PUERTO RICO
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San Francisco
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Denver
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KANSAS
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Kansas City
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W.VA.
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DEL
VA.
KY.
ARIZONA
N. MEXICO
OKLA.
TEXAS
VI
Dallas-Ft. Worth
ARK.
LA.
TENN.
N.C.
S.C.
MISS.
ALA.
GA.
Atlanta
IV
FLA.
GUAM
IX
HAWAII
X
ALASKA

Population Statistics and Proposed FY 77 Allocations to Indians

	Total Population Over 60	Total Indian Population Over 60	Percentage of Indians in 60 + Population	APSS 150% Remedy	Proposed FY 77 Title III Allocation to Indians	Proposed FY 77 Title VII Allocation to Indians
TOTALS	31,953,950	63,976	.20021	$439,953	$1,203,414	$3,839,175
REGION I						
Connecticut	462,346	370	.08002	2,012	0	0
Maine	132,919	167	.09657	908	0	14,000
Massachusetts	937,247	624	.06657	3,398	75,000	60,000
New Hampshire	121,665	37	.03041	276	0	0
Rhode Island	158,677	239	.15062	1,365	0	5,000
Vermont	70,545	19	.02693	245	0	0
REGION II						
New Jersey	1,111,025	553	.04977	3,008	0	0
New York	2,894,291	2,614	.09031	14,214	37,883	59,935
Puerto Rico	284,400	---	---	---	---	---
Virgin Islands	5,500	---	---	---	---	---
REGION III						
Delaware	72,045	127	.27627	1,611	0	0
Dist. of Col.	101,987	93	.09118	827	0	0
Maryland	500,390	177	.03537	963	0	0
Pennsylvania	1,971,035	733	.03718	3,984	0	0
Virginia	620,156	301	.04853	1,637	0	0
West Virginia	301,514	70	.02321	381	0	0
REGION IV						
Alabama	534,897	312	.05832	1,697	0	0
Florida	1,781,967	628	.03524	3,416	0	122,076
Georgia	618,320	106	.01714	576	0	0
Kentucky	515,411	102	.01979	555	0	0
Mississippi	349,993	254	.08114	1,545	0	0
North Carolina	716,226	3,050	.42584	16,586	29,923	49,860
South Carolina	336,823	119	.03533	647	0	0
Tennessee	623,508	212	.03399	1,152	0	0
REGION V						
Illinois	1,643,227	752	.04576	4,089	15,000	0
Indiana	746,877	292	.03406	1,587	0	0
Michigan	1,172,400	1,388	.11838	7,548	18,168	240,000
Minnesota	599,802	1,466	.24441	7,973	63,595	342,175
Ohio	1,512,850	645	.04263	3,567	0	0
Wisconsin	713,269	1,613	.22614	8,772	37,600	113,672
REGION VI						
Arkansas	373,967	238	.06364	1,295	0	0
Louisiana	492,108	468	.09510	2,546	0	0
New Mexico	132,179	4,824	3.64959	33,060	3,550	123,921
Oklahoma	458,582	12,835	2.80791	70,070	48,000	276,060
Texas	1,039,773	1,436	.08757	7,809	0	0
REGION VII						
Iowa	493,705	171	.03463	930	28,317	31,013
Kansas	385,756	729	.18897	3,965	0	247,381
Missouri	217,299	666	.08149	3,623	0	0
Nebraska	261,678	573	.21897	3,132	0	78,648

	Total Population Over 60	Total Indian Population Over 60	Percentage of Indians in 60 + Population	APSS 150% Remedy	Proposed FY 77 Title III Allocation to Indians	Proposed FY 77 Title VII Allocation to Indians
REGION VIII						
Colorado	302,076	541	.17909	2,942	0	0
Montana	109,043	1,751	1.60578	14,546	86,132	80,000
North Dakota	103,079	835	.85856	7,774	21,106	21,899
South Dakota	116,704	2,462	2.16961	19,110	83,370	279,161
Utah	130,718	465	.35572	3,222	0	14,446
Wyoming	49,747	285	.57289	5,190	105,155	10,000
REGION IX						
American Samoa	1,100	---	---	---	---	---
Arizona	317,967	6,359	1.99989	34,581	245,499	322,880
California	2,930,960	6,522	.22252	35,468	46,000	585,000
Guam	3,160	---	---	---	---	---
Hawaii	87,764	36	.04101	372	---	---
Nevada	63,089	683	.98857	8,955	75,367	161,042
Trust Territory	6,400	---	---	---		
REGION X						
Alaska	15,784	1,151	7.29219	66,057	102,400	185,000
Idaho	115,364	409	.35471	3,213	10,000	168,948
Oregon	366,503	932	.25429	5,069	0	0
Washington	511,741	2,312	.45179	12,573	71,349	127,100

Source: Administration on Aging
March 1977

Indians and the Older Americans Act*

(Compiled by the National Indian Council on Aging)

Overall, there is lack of data regarding the benefits received by older Indian people from the various Older Americans Act programs. Even those that are available are "guess estimates" at best and are deemed unreliable by Administration on Aging staff.

However, after analysis of available data, there can be drawn some conclusions that seem to be valid. Some of these are presented in the following tabulations.*

- There are 20 States in the union which are providing Title III funding to Indian Tribes.
- The funding levels from States to Indians range from a high of $245,499 in Arizona to a low of $3,550 in New Mexico. (Some States provide no funding at all to Indians.)
- The highest annual per elderly Indian expenditure projected was $368.96 in Wyoming; the lowest 73¢ in New Mexico.
- The States with the significant elderly Indian populations (top five) are: Oklahoma, California, Arizona, New Mexico, and North Carolina.
- There are 538 Area Agencies on Aging in the country. Currently, there are only 5 Indian AAA's, 2 in Washington, 1 in Utah, 1 in New York, 1 in Montana.
- $1,019,665 of Title III funds have reportedly been expended by the States for Indian Programs out of the total allocation of $120,780,000.
- The following chart shows, by Region, the percentage incidence of older Indian persons reported and the average annual expenditure projected per older Indian person:

Regions	%	$	*Regions*	%	$
I	2.2	51.51	VI	31.1	2.59
II	1.2	49.39	VII	3.3	13.23
III	2.3	-0-	VIII	10.0	46.29
IV	7.5	6.21	IX	21.3	26.97
V	9.6	21.82	X	7.5	38.24

- There are approximately 22 States which fund Indian Title VII projects. This funding level amounts to approximately $3,426,855 out of a total allocation of $201,489,750.
- The Title VII funding level ranges from a high of $585,000 in California to a low of $5,000 in Rhode Island.
- The following tabulation by Region shows the annual amount projected to be funded to Indian tribes and the average per older Indian annual expenditure:

Regions	$	$/p
I	79,000	54.25
II	89,935	117.25
III	-0-	-0-
IV	171,944	35.72
V	532,175	86.45
VI	399,921	20.14
VII	278,404	130.15
VIII	405,506	63.46
IX	1,068,922	78.59
X	401,048	83.48

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* Source: Records of the Administration on Aging, Washington, D.C., March 1977. (Refer to P. 124-125.)

STATUS OF NATIVE AMERICAN PROGRAMS FOR THE ELDERLY IN REGION VIII

Federal Office of Aging — January 3, 1977

	Total Native American Pop.	Total 60 + Population	Estimated Native Amer. Pop. 60 +	% of Total 60 + Native Amer. Pop.	1977 States Total Program Funds	**Estimate of Funds Reservations Would Receive Under Direct Funding	Currently Receiving from States in 1977
Colorado	8,836	302,076	725	.25	2,931,926	10,960	***4,000
Montana	27,130	109,043	2,713	2.5	1,611,348	60,424	126,342
North Dakota	14,369	103,079	1,051	1.1	1,611,348	25,780	53,823
South Dakota	32,365	116,704	2,489	2.1	1,611,348	50,755	410,356
Utah	11,273	130,718	680	.53	1,611,348	12,810	14,446
Wyoming	4,980	49,747	448	.90	1,611,348	21,753	115,155
	98,953	811,367	8,106		10,988,666	182,482	724,122

*Data Source: 1970 Census

**Section 303 of the OAA Authorizes the Commissioner of AoA to allocate a maximum of 150% of the ratio of all 60 + in a state to all Native Americans directly to Reservations.

***Colorado program funds to Indian reservations.

Ute Mountain: As of yet it would appear that this particular reservation has not applied for funding. No funds are given in either title. However, many of these reservations spill over into one or more bordering states, and, therefore, funding may be received from other sources.

San Juan County: Title VII, $45,000. Total grant for the target group is $4,000. There are no Title III funds given.

Region IV
FY 1977 Total State Allotments
April 12, 1977

	Title VII (PI-77-3)	Title III (PI-77-2R)
Alabama	3,234,752	2,167,712
Florida	10,776,331	7,221,566
Georgia	3,739,243	2,505,787
Kentucky	3,116,915	2,088,745
Mississippi	2,116,553	1,468,845
North Carolina	4,331,329	2,902,563
South Carolina	2,036,919	1,421,106
Tennessee	3,771,108	2,527,141
Totals	33,123,150	22,303,465

Quarterly Progress Report for Titles III & VII
Period Ending June 30, 1976

	Total Number Older Persons under Approved Area Plans	American Indians Served	Total Number Older Persons Served by Nutrition Project	American Indians Served
Alabama	293,288	28	14,269	81
Florida	110,079	21	33,226	92
Georgia	31,339	5	18,540	5
Kentucky	103,200	0	36,459	5
Mississippi	56,745	0	12,523	2
North Carolina	76,730	985	16,791	374
South Carolina	83,600	0	5,628	11
Tennessee	no info.	0	23,043	0
Totals	754,981	1,039	160,479	570

Quarterly Progress Report for Titles III & VII
Period Ending September 30, 1976

	Total Number Older Persons under Approved Area Plans	American Indians Served	Total Number Older Persons Served by Nutrition Project	American Indians Served
Alabama	45,000	14	16,564	98
Florida	99,674	22	39,806	104
Georgia	27,036	0	20,717	5
Kentucky	49,443	0	20,872	0
Mississippi	20,090	5	14,276	2
North Carolina	38,859	134	15,720	319
South Carolina	123,565	0	6,105	13
Tennessee	no info.	0	29,572	0
Totals	403,667	175	163,632	541

Quarterly Progress Report for Titles III & VII
Period Ending December 31, 1976

	Total Number Older Persons under Approved Area Plans	American Indians Served	Total Number Older Persons Served by Nutrition Project	American Indian Served
Alabama	59,758	436	16,708	27
Florida	39,149	3	18,937	17
Georgia	13,725	5	11,857	3
Kentucky	52,582	0	33,962	0
Mississippi	25,383	5	9,421	0
North Carolina	52,615	123	17,789	367
South Carolina	94,989	2	5,143	15
Tennessee	no info.	0	18,087	0
Totals	338,201	574	131,904	429

Source: HEW-OHD-Region IV

Older Americans Act Allocations for Services to Alaskan Natives*

Title III—FY 78

	Obligated FY 77	Requested FY 78	Estimated Carryover	Obligated $574,693 FY77 54,257 FY78 $628,950
Alaska Legal Services (para)	29,040	29,486	1,200	---
Alaska Legal Services (cost)	60,000	39,800	10,277 ACV 4,000 Travel	39,800
Chugiak	22,710 (8 mo) 34,065 (12 mo)	41,401	---	36,000
Kenai	20,925	32,359	3,000	26,500
Mabel T. Caverly	39,000	50,881	---	43,500
Fairbanks	37,479	75,341	7,000	47,500 40,000
Kodiak	24,788	31,800	1,000	30,000
Ketchikan	40,611	48,330	---	45,000
Barrow	37,488 (9 mo) 49,984 (12 mo)	78,938	12,000	48,000
Seward	10,607	29,572	---	25,000
Klukwan-Haines	16,413	23,525	400	18,000
Wrangell	14,583	23,120	1,970	19,750
ANC-Penrerce Mobil.	34,464 (8 mo) 51,696 (12 mo)	54,580	26,000	---
Nome	49,500	70,953	---	61,000
Kotzebue	24,118	35,600	1,913	26,000
Copper Center	23,650	73,724	3,326	27,500
ANC Transportation	76,126	131,857	---	90,000 84,900
Tok	62,360	74,433	21,077	46,000
Alaska HHH	22,393	96,336	---	State GF
Dillingham	---	12,640	---	12,000
TOTAL	646,255	1,054,676		628,950

* Source: Office on Aging
Dept. of Health & Social Services—Alaska

7/8/77

TITLE III GRANTS TO NATIVE AGENCIES AND ORGANIZATIONS

Bristol Bay Native Association—Dillingham	$ 6,500
Chilkat Brotherly Program—Klukwan-Haines	18,000
Copper River Native Association—Copper Center	27,500
Upper Tanana Development Corporation —Tok	46,000
	$ 98,000

The following Grants are to Non-Native agencies and organizations but serve 95-100 percent Native clients:

North Slope Borough—Barrow	$ 48,000
St. George's In The Arctic—Kotzebue	26,000
Nome Community Center—Nome	61,000
	135,000
Native Grants......	$ 98,000
Non-Native Grants	135,000
TOTAL	$233,000

TITLE VII GRANTS TO NATIVE AGENCIES AND ORGANIZATIONS FY 78

Metlakatla Indian Community—Metlakatla	$ 40,000

The following grants are to Non-Native agencies and organizations, but sites listed serve 85-100% Native participants

Upper Tanana Development Corporation —Tok Upper Tanana Nutrition Program Tok, Tetlin, Dot Lake	$ 70,000
Catholic Community Service—Juneau Southeast Nutrition Program for the Elderly Angoon, Hoonah, Kake, Yakutat, Hydaburg	$405,000
Salvation Army—Anchorage Salvation Army Senior Citizens' Program Expects to open a site in the near future at the Cook Inlet Native Association, 670 W. Fireweed Lane	$382,448

EXACT COPY

UPPER TANANA DEVELOPMENT CORPORATION

P.O. BOX 377
TOK, ALASKA 99780

August 30, 1977

Juana P. Lyon, Executive Director
National Indian Council on Aging, Inc.
P. O. Box 2088
Albuquerque, New Mexico 87103

Dear Ms. Lyon:

I enjoyed the opportunity to speak with you by telephone this morning. As I mentioned, I hope to be able to attend your meeting on September 16th, if the conflict with the Rural CAP State Board Meeting allows.

Enclosed are copies of several letters that I mentioned in our conversation this morning. My July 11th letter with comments on the Proposed State Plan for FY '78 has not received a reply, although one is being prepared. I understand that the State's response to Program Instruction 77-21 in the revised draft plan was to request a waiver. I expect documentation of this shortly, and hope to have a copy of the revised draft plan before September 16th.

A second area of concern is the length of time that it takes the State Office to obligate Title VII funds to individual projects. The Copper River Native Association applied for nutrition funds to begin a Hot Lunch Program in their region July 1st, 1977, and were denied because of lack of available money. Yet, the State Office on Aging will receive approximately $1 million for FY '78, which may not be obligated until July, 1978. If this is the case, it would appear to violate the spirit of the Federal decision in *Kennedy vs. Matthews*, referred to in the letter.

I mentioned that we do receive funding under both Title III and Title VII of the Older Americans Act through the State Office on Aging, and have enjoyed a good working relationship with them. Our Corporation is a Community Action Program with a Board of Directors representing seven local villages in the Upper Tanana Region. While there is some risk of retaliation in raising the questions outlined above, the lack of comprehensive service delivery to the elderly in other rural areas of the State requires it. You mentioned the possibility of Tribal Units having the option to be funded directly by the Administration on Aging in Washington, or by the State Office. I would like to hear more about this, because it might help out in Alaska. The idea alone should cause the State Office to take a careful look at its allocation of resources.

I look forward to meeting you on September 16. If you have any questions, in the meantime, please let me know.

Sincerely,

/s/ Robert A. Lohr
Regional Director

RAL/ci

Enclosures

EXACT COPY

UPPER TANANA DEVELOPMENT CORPORATION

P.O. BOX 377
TOK, ALASKA 99780

July 11, 1977

Mrs. Gail M. Roust
Associate Coordinator
State of Alaska
Office on Aging
Pouch H-01C
Juneau, Alaska 99811

Dear Mrs. Roust:

I have reviewed the portion of *Alaska's Proposed State Plan on Aging for Fiscal Year 1978* that you sent out on June 3, 1977. Since I was unable to attend the Anchorage hearing, I would like to comment on several aspects of the plan. I like the goals: they seem to be mostly federally mandated anyway. Most of my comments deal with proposed changes to strengthen or add to the objectives and action steps.

Where is the "Action Plan for Serving Older Indian Tribal Members"? Program Instruction 21 discusses this, and I wonder if you will be adding it to this year's plan. Even if it is not required at this time, it would be very valuable to compare benefits provided to older Natives to those provided to older non-Natives statewide. This would provide a statistical base for the action plan discussed immediately below.

The "Action Plan for Increasing Participation of Low Income and Minority Older Persons as Beneficiaries of Title III and Title VII Programs" lists several action steps, of which #3 (increased outreach efforts) would be most effective. However, all of the steps are designed to work through existing projects, and this puts a severe limit on the number of new senior citizens that can be reached. There should be steps to assist the formation of new projects, especially in rural areas, to increase service to minority and low-income seniors. There are many locally controlled programs in rural Alaska (Native associations, for example) fully capable of operating high-quality programs with effective outreach components to serve all of the elderly residents of their regions. Have they been contacted directly regarding the availability of funds under the Older Americans Act. What is the degree of cooperation between your office and the Office of Native American Programs?

With the present level of administrative funding of the State office on Aging, it is unrealistic to expect a comprehensive outreach capability to potential grantees. The experience of our project during our first two years of operation: expecting our first on site monitoring shortly—suggests that the outreach to existing programs is limited. Travel is not only difficult, it is also expensive. Innovative approaches are required. For example, Title VII grantees currently serving rural areas could be encouraged to assist neighboring regions to start up feeding sites. We would be happy to assist Delta or Copper Center to set up one site at a time, providing on-site technical assistance upon request. A subcontract between regions close enough together to be able to assist each other have proven to be a viable way of opening new sites and/or projects.

Existing grantees have a disincentive to inform potential grantees of the availability of funds, as long as there is a fixed pot that is fully utilized. Clearly, one of the biggest barriers to expanding service to low-income and minority seniors is limited funding. Outreach in Alaska is expensive. Additional resources must be committed to projects as soon as they become available, because the need is so great.

What plans does your office have to implement the court order in *Kennedy v. Matthews, 413 F Supp. 1240 D.D.C. 1976*, discussed also in Program Instruction 77-11, dated February 24, 1977? Although the order directs the Administration on Aging to take certain actions, it also seems to require adjustment of state funding cycles as well. Congressional intent is interpreted by the Court as requiring that funds be actually spent by projects during the fiscal year in which they were appropriated. This would appear to require that the State Office on Aging allocate the FY 78 funds to projects as soon after October 1, 1977 as administratively feasible. In fact, the state risks the loss of the funds if it does not do so:

July 11, 1977 Letter to Mrs. Gail Roust, Page 2

> The amount of any State's allotment under subsection (a) of this section of any fiscal year which the Commissioner determines will not be required for that year *shall be realloted*, from time to time and on such dates *during such year* as the Commissioner may fix, to other states in proportion to the original allotments to such States under subsection (a) of this section for that year, but with such proportionate amount for any of such other States being reduced to the extent it exceeds the sum the Commissioner estimates such State needs and will be able to use for such year; and the total of such reductions *shall be similarly* reallotted among the States whose proportionate amounts were not reduced.

(Emphasis added by District Judge Flannery, 42 U.S.C. 3045b(b) cited on page 1244 of *Kennedy v. Matthews*, from Subsection (b) of section 703 of the Older Americans Act.)

If this interpretation is correct, there would be funds available to start several new (rural) projects, as well as to allow existing centers to expand service delivery.

Although only able to fund one position in our region, the Title IX job creation program under the Older Americans Act (handled by the Manpower Division at this time) has proven very popular. Other senior citizens are very interested in part-time jobs. If your office takes the program over, I hope that it can be expanded to provide more job opportunities for the elderly. Your goal is to create a maximum of 30 part-time positions from a $600,000 grant. This averages $20,000 per slot, and suggests very inefficient administration, or a very high overhead. If 90% of the funds were paid as salaries to program participants (required under some CETA programs), 100 positions could be created.

There is a potential conflict between the action steps under Goal II, (*Improve the quantitative and qualitative effectiveness of existing programs under Titles III and VII and seek to develop new programs/resources*) and increasing service delivery (Exhibit II.5, ACTION PLAN FOR INCREASING PARTICIPATION OF LOW INCOME AND MINORITY OLDER PERSONS AS BENEFICIARIES OF TITLE III AND TITLE VII PROGRAMS). It is possible for costs to be decreased, with an apparent increase in efficiency, but this is meaningless unless the effect on the level of service is measured. Increasing service delivery to low-income, minority groups is not cheap. The goals are not amenable to dual maximization, and I hope that you will give priority to service delivery. The *Governor's Management and Efficiency Review* used the one-sided mis-definition of efficiency cited above, and has caused a substantial reduction in state services to rural Alaska.

Thirty thousand dollars is a small amount to try to cover the full costs of a statewide training program. The abstract covering the use of the Title IV-A funds is vague. You recently polled project staffs concerning their training needs, and presumably their needs will be selected in the training topics selected. Last year's money went mostly to making lasting training programs on video tapes. Are they available to us for use? The program this year should focus on immediate training needs. The Legal Services Developer Project should be more oriented toward training senior center staffs, and less toward training temporary volunteers. If temporary employees are trained to provide direct service, there is little impact beyond the direct service provided. Title IV-A funds might allow the Attorney-Developer to travel to senior centers to train permanent employees, as well as to conduct a workshop for project staff in Anchorage, to provide a more significant impact on legal problems of the elderly. As you know, I feel that the Community Service Advisor/Paralegal training in senior citizen law that you were able to arrange last year was of great value, and should be available to other project staff.

I appreciate that this is a very busy time of year. Nevertheless, I would appreciate your responses to the specific questions raised above. Thank you in advance for considering these suggestions.

Sincerely,

/s/ Robert A. Lohr
Executive Director

EXACT COPY

1912

ARIZONA DEPARTMENT OF ECONOMIC SECURITY

1717 WEST JEFFERSON • PHOENIX, ARIZONA • P.O. BOX 6123 85005

JOHN L. HUERTA
DIRECTOR

June 14, 1977

Reply to
Attn. of: POD-BOA

Dr. Arthur S. Flemming
Commissioner
Administration on Aging
Office of Human Development
330 Independence Avenue, S.W.
Washington, D.C. 20201

Dear Dr. Flemming:

After having reviewed AoA-PI-77-21, Implementation of Section 303(b) (3) of the Older Americans Act, as Amended - Services to Older Indian Tribal Members, the Arizona Bureau on Aging wishes to call your attention to the effect in this state of a number of sections of the P.I. which will make it virtually impossible to implement this Instruction, as written. Below is a listing of our comments:

1) It is apparent to us that the persons responsible for drafting of PI-77-21 are not familiar with either the structure of tribal governments or the length of time required to move any agenda items through the various levels of tribal government to be approved by the Tribal Councils. Most Councils meet a maximum of once each six month period and no agenda item is approved for discussion unless it has previously moved through the lower echelons of tribal government.

   Thus, the requirement that each state unit on aging, before making an award, obtain the approval of *each* Indian tribal organization becomes both burdensome and programatically impossible within the period of time during which the state has obligational authority over funds.

   Compounding this situation further is the requirement that each area agency on aging submit its area plan for review and comment to "representatives" of each Indian tribe within its planning and service area prior to submission to the state agency for approval. The only "representatives" which the tribes recognize are the respective tribal councils at the apex of the tribal governments.

2) Providing for the implementation of this P.I. in the 1978 State Plan is virtually impossible since we have already moved through the process of public hearings on the Plan. The testimony includes that given by members of Indian tribes. Presently, the Plan is moving through the state administration process for approval prior to submission to AoA.

3) The Arizona state unit on aging has been working diligently with the chairmen of all 19 tribes represented in the State to achieve a mutually acceptable service plan for elderly Indian tribal members. Also, we have been working in close cooperation with the National Indian Council on Aging (NICOA) to achieve this same purpose. The process already instituted includes:

the establishment of an Indian Advisory Council to: a) review all funds allocated to assure equitable set-aside of monies for all tribes; and b) review and approval of proposed uses of these monies by the Indian tribes on behalf of the Indian elderly.

To disturb this process by implementing PI-77-21 would destroy the rapport and credibility which the state unit on aging has attained slowly and painfully with the Tribal Chairmen.

4) The Indian tribes of Arizona have indicated to the Governor of Arizona their desire to work directly with the state unit on aging without any involvement with the area agencies on aging in the absence of direct federal funding. As a consequence, and with the approval of all AAA's, the Bureau on Aging has relieved AAA's from the responsibility of providing services to Indian tribes within the boundaries of their respective PSA's. Therefore, a share of money in each PSA, proportionate to the number of Indian elderly in each PSA, has been deducted from the allocation to each PSA and is administered directly by the state unit. These are the monies which are allocated, after review by the Indian Advisory Council.

   Therefore, with regard to items (3) and (4) of the statement of assurances, AAA's will not be able to comply since the Indian tribes have elected to work directly with the State and not the area agencies.

5) The statement of assurances (6) calls for the approval of each Indian tribal organization prior to granting of an award to an organization to perform services benefiting more than one Indian tribe. This is presently impossible in Arizona in that there is no one organization recognized by all tribes as capable of performing services benefitting more than one tribe. Thus, it is not possible to attain approval of *each* tribe in such circumstances.

6) The geographic boundaries of many of the Indian reservations in Arizona cross over PSA lines, i.e., the same reservation is often located in two PSA's and in one instance, in three PSA's. Because of these factors, attachment A could not be accurately completed. As a replacement for attachment A, we are enclosing a list of the tribes in Arizona, the PSA's in which the tribes are located, and the amount of monies allocated per tribe.

7) It is the desire of the Indian tribes in the State of Arizona to achieve direct funding of programs from the Federal Government to the tribal organizations. The Arizona Bureau on Aging has joined the Governor of the State of Arizona in supporting this request and endeavor.

   We wish to call the Commissioner's attention to the fact that this direct funding under the current allocation formula of 60+ per capita will provide fewer funds to meet the needs of the Indian tribal elderly than those funds allocated by the state unit on aging. The Bureau on Aging uses a formula based upon 60+ below poverty times 150 percentum.

In Arizona, because of the large number of Tribal organizations (i.e., 19 Tribal organizations), and the high cost of service delivery on reservations, even with the formula the Bureau on Aging uses, we are only meeting the needs of a small percentage of the eligible Indian elderly.

Therefore, when direct funding is considered we urge the Commissioner to present to Congress the need for additional funds to serve the Indian elderly.

Thank you.

Cordially,

/s/ Norine W. Miover, Chief
Bureau on Aging

cc:
Mr. J. McCarthy

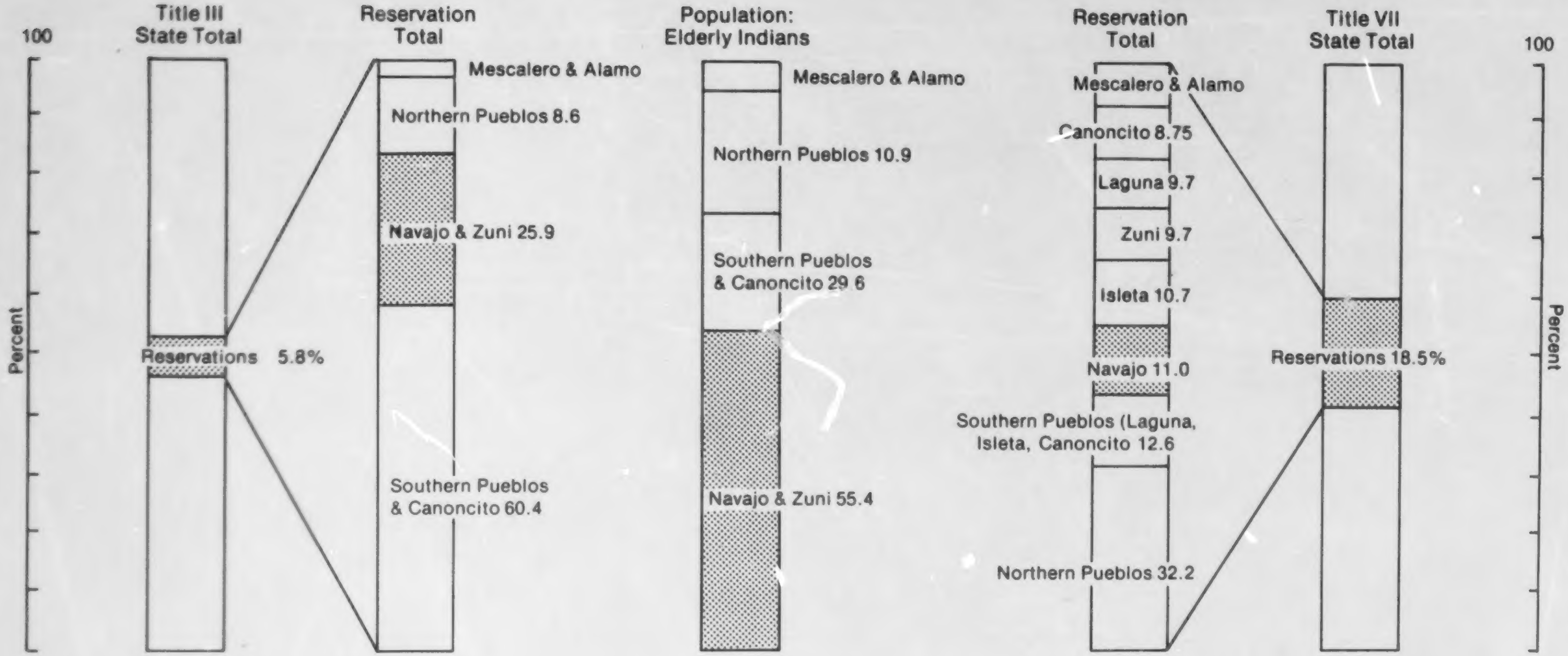
BOA 1977 TITLE III AND TITLE VII INDIAN ANNUALIZED ALLOCATIONS

Tribal Reservations	PSA	*Total Population	*Population 60 +	Title III Funding	Title VII Funding
Ak-Chin	Region V	333	32	0	0
Camp Verde	Region III	460	61	0	0
Cocopah	Region IV	362	57	0	0
Colorado River	Region IV	1,745	239	21,007	28,164
Fort Apache	Regions III, V	8,097	582	0	85,750
Fort McDowell	Region I	350	42	0	0
Gila River	Regions I, V	8,521	750	0	59,500
Havasupai	Region III	397	33	0	0
Hopi	Region III	7,019	914	65,973	0
Hualapai	Region IV	827	72	5,508	25,679
Kaibab-Paiute	Regions III, IV	208	16	0	0
Navajo	Region III	71,396	7,855	6,534	126,446
Papago	Regions I, II, V	15,238	1,620	56,862	84,102
Salt River	Region I	2,950	248	0	0
San Carlos	Regions V, VI	5,855	547	24,864	57,246
Yavapai-Prescott	Region III	69	9	0	0
Payson (Tonto)	Region V	64	6	0	0
Fort Mohave	Region IV	374	71	0	0
Fort Yuma	Region IV	853	92	0	0
19 Indian Res.	6 Regions	125,118	13,246	180,750	466,887

* These per tribe population statistics were produced by the Indian Development District of Arizona and are not officially recognized as accurate by the State of Arizona. For the purposes of this document they are presented to illustrate approximate per tribe population figures.

** An additional $15,000 is allocated through the Region III Area Agency on Aging.
An additional $25,000 is allocated through the Region I Area Agency on Aging.

Distribution of New Mexico Funds for Aging
State Plan FY 1978



Source: New Mexico State Memorandum 77—52 (8/29/77)

Barbara Carr, M.S.
Health Planning and Resource Development
Division of Health Improvement Services
Navajo Nation

EXACT COPY

NEW YORK STATE OFFICE FOR THE AGING

Empire State Plaza, Albany, N.Y. 12223

HUGH L. CAREY
Governor

LOU GLASSE
Director

December 8, 1977

Mrs. Juana P. Lyon
Executive Director
National Indian Council on Aging, Inc.
P. O. Box 2088
Albuquerque, New Mexico 87103

Dear Juana,

As you requested, I am enclosing a copy of the letter report to Chief Charles Terrance on our most recent annual assessment of the Akwesasne Office for the Aging. The Akwesasne Office for the Aging is the Area Agency on Aging for the St. Regis-Mohawk reservation.

I will add some of my own observations to those included in the report, and attempt to introduce a degree of historical perspective which will help measure what have been significant accomplishments by the Mohawk people in the field of aging.

On the night of May 20, 1975, a meeting was held on the reservation between Tribal Council Representatives, Senior Citizen Representatives and New York State and Franklin County Offices for the Aging staff to discuss the possibility of developing programs for the older residents of Akwesasne. I was present at that May 20th, 1975 meeting, and I was again present for the grant opening of the newly built Multi-Purpose Senior Citizen Service Center at the same location on October 2, 1977.

During the intervening 2½ years the Mohawk people had accomplished the following:

1. Established a strong, viable and responsive Area Agency on Aging.
2. The Area Agency on Aging in turn developed a coordinated comprehensive program of services for older residents of the reservation. Services include Transportation, Employment through Title IX Older Americans Act and CETA, Adult Education, Nutrition, Recreation and others.
3. Planned and built one of the finest Multi-Purpose Senior Citizen Service Centers in upstate New York. This new Center houses the Area Agency on Aging Office, the Title VII (Older Americans Act) Nutrition site with its new commercial style kitchen and 90 person capacity dining room. Arts and Crafts shop and recreation area.

These accomplishments in such a short period reflect high levels of planning expertise, implementation and development ability as well as excellent management and administrative techniques on the parts of the Mohawk Tribal Council members, the Tribal Administrator, and the Director of the Area Agency on Aging, all of whom are Indians.

The New York State Office for the Aging feels that the planning and coordinating of services and the pooling and tapping of non-Older Americans Act resources by the Akwesasne Office for the Aging is a fine example of how the Older Americans Act should be implemented.

The New York State Office for the Aging is fortunate to have had available the necessary resources to fund this Area Agency.

Sincerely,

/s/ Martin O'Connell
Aging Services Area Supervisor

Enc.

EXACT COPY

NEW YORK STATE OFFICE FOR THE AGING

Empire State Plaza, Albany, N.Y. 12223

HUGH L. CAREY
Governor

LOU GLASSE
Director

July 22, 1977

Chief Charles Terrance
St. Regis-Mohawk Tribal Council
Hogansburg, New York 13655

Dear Chief Terrance:

The annual assessment of the Akwesasne Office for the Aging was conducted by staff of the New York State Office for the Aging on June 16, 1977. The object of this assessment was to ascertain the manner in which objectives of the Title III program have been implemented during the program year, to review the management practices of the office, and to evaluate the coordination and inter-relationship of the Title III program with other public and private agencies providing services on the St. Regis Mohawk Reservation, particularly the Title VII Nutrition Program. The records and materials presented to our staff have been reviewed in detail, and the following comments are the results of our assessment.

The Director, Stillman Cook, has demonstrated a high level of concern and commitment for the elderly Mohawks. Through his advocacy efforts and close interagency communications, considerable numbers of the older Mohawks have received an expanded level of services in several areas. Transportation, home repairs, shopping assistance, information and referral services, nutrition services and outreach activities are available to all of the older people on the St. Regis Mohawk Reservation.

Outreach in particular has been invaluable by identifying individuals needs, and referrals to appropriate service providers have resulted in many problems being resolved. The two half-time outreach workers have provided a valuable service to the elderly, especially to those confined at home or in nursing homes because of old age or infirmity.

Transportation services have also enabled the elderly to participate in many activities, and have helped to provide rides to the medical clinic, nutrition program, and other necessary services, including shopping assistance in Malone and Massena.

The Title VII Nutrition Program has expanded to a current level of 40-50 older participants daily. The program offers improved nutrition and nutrition education as well as providing a daily program of craft and recreation activities. The new senior citizens center, which was completed utilizing Title VII funds for a portion of the work, has provided an excellent facility for expanding programming and senior citizens activities.

Information and Referral services are available daily. Stillman Cook has received excellent interagency cooperation from agencies on the Reservation and in Franklin County, which has resulted in increased service delivery to the elderly, and priority given to the needs of the elderly in areas such as housing, home repair, and health services. The preparation of the Directory of Services and inclusion of information about senior citizen activities in KARI WEN HA WI have provided information to all the elderly on the St. Regis Mohawk Reservation.

The advisory council of the Akwesasne Office for the Aging has been recently reorganized. The bi-monthly meetings of this group should provide coordination among several agency representatives, as well as input and suggestions from the elderly consumers who are also represented on the Board. The role of the advisory council is an important part of the planning process and active participation is encouraged.

Sound fiscal management procedures have been adopted which have provided excellent accountability for program expenditures. Budgets, vouchers and reports of program cost experience have been submitted in a timely manner.

In summary, we are very pleased with the level of program operations achieved by the Akwesasne Office for the Aging. The level of cooperation, commitment and enthusiasm demonstrated by the staff of the Area Agency on Aging has been encouraging. We wish you continued success in your future endeavors to provide services and programs for the elderly on the St. Regis Mohawk Reservation.

Very truly yours,

/s/ (Mrs.) Lou Glasse
Director

cc: Herb Herne, Tribal Administrator
Stillman Cook

EXACT COPY

STATE OF NORTH CAROLINA
DEPARTMENT OF HUMAN RESOURCES
Division of Aging
213 Hillsborough Street
Raleigh 27603

JAMES B. HUNT, JR.
GOVERNOR

SARAH T. MORROW, M.D., M.P.H.
SECRETARY

NATHAN H. YELTON
ASSISTANT SECRETARY
(919) 733-3983

December 14, 1977

Mrs. Gladys Griffin, Director
Elderly Nutrition Project
Post Office Box 427
Cherokee, North Carolina 28719

Dear Gladys:

Thank you for your time and hospitality during my recent assessment of the Title VII nutrition project.

The assessment resulted in the following findings:

Nutrition Site: An inspection of the meal site at the Civic Center revealed that the project is in compliance with Title VII regulations and North Carolina Division of Aging policies.

Sanitary and quantity control practices were evident in the serving of meals; menus were posted and the meal provided was in keeping with those menus; supportive service schedule was posted and followed; the meal site was comfortable and appropriately decorated; and the meal was served on time and according to schedule.

Project Council: The regularly scheduled project council meeting was held on time with a quorum of members present and chaired by Mr. Butch Sanders. Correct parliamentary procedures were followed during the meeting.

The meeting was significant in that the topics covered ranged from the nutrition project itself into matters of concern over the general well being of Cherokee's senior citizens including emergency fuel supplies, skilled care facilities for the Boundary, the new senior center, and the increased use of CHR and DSS homemakers for supportive services as well as the need for an interagency committee composed of service delivery agencies to reduce duplication of services in order to more effectively serve those in need.

General Observations: During the past project year there has been a noticeable improvement in project operations. It is apparent that this improvement is directly attributable to the project director and the strong project council. Evidence of increased services is particularly noticeable in the interim monthly report for the month of November which indicates the greatest average participation yet.

All staff are to be commended for a job well done. We look forward to continued improvement and another successful year of operations.

If you have any questions concerning the assessment or this letter please contact me.

Sincerely,

/s/ Robert L. Hughes, Jr.
Program Representative

RLH/bcj
cc: Ralph N. Henry
Butch Sanders

State of Oklahoma
FY-76 Participants in Title III Programs In All Service Components

County	White	Negro	Indian	Spanish	Oriental	Other
Adair	1892	0	359	3	0	0
Beaver	307	0	0	0	0	0
Bryan	4392	102	230	6	0	3
Canadian	1423	67	0	0	0	0
Carter	1416	536	687	192	1	0
Cherokee	1928	135	384	0	0	0
Choctaw	1768	372	202	0	0	0
Cleveland	1990	22	7	0	1	1
Comanche	1422	7	1	12	0	0
Cotton	747	0	0	0	0	0
Craig	1238	0	0	0	0	0
Creek	1629	482	261	2	0	0
Dewey	1004	0	0	0	0	0
Garfield	374	20	4	0	0	0
Garvin	3211	385	111	0	0	0
Haskell	1759	0	92	0	0	0
Jackson	882	0	0	16	0	0
Kiowa	610	0	0	0	0	0
Latimer	977	15	108	0	0	0
LeFlore	3053	181	264	0	0	0
Lincoln	1679	52	14	0	0	0
Logan	1052	203	3	0	0	0
McCurtain	2317	691	236	0	14	0
McIntosh	1402	477	234	0	1	0
Marshall	209	130	85	0	0	0
Mayes	2033	0	69	0	0	0
Murray	296	61	122	0	0	0
Muskogee	2064	2459	390	3	2	5
Nowata	715	0	3	0	0	0
Okfuskee	912	190	69	0	0	0
Oklahoma	10,605	5021	1307	486	0	0
Okmulgee	3353	1197	240	30	2	1
Osage	3231	166	349	1	0	0
Pawnee	1334	8	66	0	0	0
Payne	6689	6	17	0	6	0
Pittsburg	2568	472	288	6	0	0
Pontotoc	3488	220	239	0	0	0
Pottawatomie	2665	55	154	18	0	0
Pushmataha	1558	270	100	5	0	0
Rogers	1429	25	611	0	0	6
Seminole	4155	7	34	6	0	0
Sequoyah	1845	274	298	1	0	1
Tulsa	11391	2988	1108	134	0	0
Wagoner	1440	590	102	2	0	0
Washita	1895	38	0	33	45	0

Title VII
FY-76 Breakdown Participants

County	White	Negro	Indian	Oriental	Spanish
Atoka	177	20	25	0	14
Carter	132	21	17	0	2
Choctaw	214	39	7	0	0
Coal	119	3	35	0	0
Comanche	324	39	24	1	0
Creek	525	125	12	0	0
Johnston	72	12	34	0	0
Kay	30	0	68	0	1
LeFlore	374	8	75	0	0
Love	231	54	78	1	0
McCurtain	374	112	21	0	0
Muskogee	2041	1470	252	0	22
Oklahoma	1525	631	59	4	27
Okmulgee	2816	218	121	0	0
Pittsburg	374	28	11	0	0
Pottawatomie	873	64	118	0	0
Sequoyah	2182	298	724	0	0
Tulsa	1702	360	125	0	5

4 Counties not in Operation During FY-76
Now in operation
Caddo
Stephens
Pontotoc
Seminole

Rec'd with letter from L. E. Rader, Director
Institutions, Social and Rehabilitation Services
State of Oklahoma

Response to Conference Recommendations from the Social Security Administration

RECOMMENDATION:

That the elderly and middle-aged Indian should be assisted in obtaining job information, training, counseling, placement, and other assistance which would permit him to continue employment. These steps would enable him to qualify for an increased benefit when he becomes eligible to receive social security.

There should be jobs available on reservations, including part-time employment, through special funding so that elderly people can work towards social security benefits.

There should be outreach and referral services for the elderly for this purpose.

SSA RESPONSE:

Although job counseling, placement, and special funding of employment programs are not functions of the Social Security Administration, SSA considers it an essential part of their service to the public to provide information about the programs and services of Federal, State, and local agencies and organizations which do provide the types of services noted in the recommendation. We believe that such service not only assists the individual but more fully achieves the objectives of the social security programs.

RECOMMENDATION:

That there be an equitable form of tax relief for the elderly Indian.

SSA RESPONSE:

The Federal income tax, and the FICA contribution which supports the social security programs, are structured and controlled by the Congress and implemented by the Internal Revenue Service. The Social Security Administration's only involvement with these systems is in making recommendations regarding the FICA structure to ensure the continued fiscal soundness of the social security trust funds. The SSA has been charged with administering a uniform, national program. Advocacy of tax relief for any one segment of the taxpaying population, therefore, would run contrary to our basic charge.

RECOMMENDATION:

That retirement plans be worked out in such a way that there is a guaranteed pension, that it be vested and with portability.

SSA RESPONSE:

The Social Security Administration encourages the development of company and private plans as the basic retirement provision. Legislation such as the Employee Retirement Income Security Act, has encouraged development of individual retirement plans by providing tax advantages and by improving vesting and funding. Social security itself is vested and has portability but was not intended as the primary source of retirement income.

RECOMMENDATION:

That there be a social security "ALERT" to assure that all eligibles secure their entitlements.

SSA RESPONSE:

The Social Security Administration maintains a continuous public information program designed to inform all potential eligibles of available programs and services. At both the national and local levels outlets such as newspapers, radio programs, television, and pamphlets are used. Cooperative arrangements are also established with other Federal agencies and with organizations representing mutual constituencies.

Specific outreach projects have been conducted on a national level in cooperation with other agencies, including the Administration on Aging and the Bureau of Indian Affairs. SSA is currently planning a system to identify from our master records those social security beneficiaries whose benefits are low enough to qualify for supplemental security income. SSA is developing with the Community Services Administration a joint outreach project using local Community Action Programs to identify potential eligibles. This is expected to begin about April 1978 with demonstration sites in the States of New York, Texas, and Idaho.

While national efforts are continuing, our current emphasis is directed to stressing local outreach efforts tailored to the characteristics of the community and the specific populations in that area.

RECOMMENDATION:

That a Federal policy be established which would state that judgment funds are not to be considered as assets or windfall, but rather the due allotment and recompense for misappropriated lands and rights. That this policy be binding to all State and local welfare agencies.

SSA RESPONSE:

Supplemental security income policy has been and is being further modified to meet the requirement of all statutes which exclude payments to Indians and other Native Americans from being counted as an income and/or resource.

At present Part 416, Code of Federal Regulations 20 (Supplementary Security Income for the Aged, Blind, and Disabled) provides for certain exclusions from income in Section 1146 and exclusions from resources in 1236. They include: 1) per capita judgment payments to members of the Blackfeet and Gros Ventre tribes of Indians under the provisions of P.L. 92-254, and per capita judgment payments distributed to, or held in trust for, members of the Grand River Band of Ottawa Indians in Indian Claims Commission docket numbered 40-K under the provisions of P.L. 94-450; 2) Indian per capita judgment payments under the provisions of P.L. 93-134 awarded from the date of the act (October 19, 1973) excluding such payments when made to any tribe or group whose trust relationship with the Federal Government has been terminated and for which there already existed legislation authorizing the disposition of its judgment funds; but including all funds deriving from judgments entered prior to the date of the act for which there has been no enabling legislation; 3) payments made and received pursuant to the provision of the Alaska Native Claims Settlement Act (P.L. 92-203) to the same extent that those payments are exempt from taxation by reason of section 21(a) of the act. P.L. 94-114 provides for the exclusion from counting as income or resources payments to certain tribes from lands conveyed by this law and earlier statutes in determining eligibility or the amount of benefits for Title XVI or other Federal or federally-assisted programs.

RECOMMENDATION:

That State public assistance departments cease to press the elderly Indians to sell individual allotted lands on reservations to meet their own subsistence needs, in view of the Indians' desire to retain the tribal homeland intact for further use in accord with President Nixon's rejection of termination as a Federal policy.

SSA RESPONSE:

Current Federal Regulations (Title 20, CFR, 416.1234) state that if individually allotted lands in the possession of a person of Indian descent from a federally recognized Indian tribe cannot be sold, transferred, or otherwise disposed of without the permission of other individuals, his tribe, or any agency of the Federal Government, then such land may not be counted in determining that individual's resources. This policy is applied to eligibility determinations for basic supplemental security income benefits and for supplemental benefits in those States where the supplemental payments are federally administered. This policy is supportive of tribal desires to retain homeland areas intact while improving access to benefits for Indians.

RECOMMENDATION:

That social security benefits be extended all male and female elderly upon reaching the age of eligibility regardless of their participation during previous periods of employment.

SSA RESPONSE:

The retirement, survivors, and disability insurance programs are based on a contributory insurance philosophy, with benefit eligibility and levels dependent on an individual's work history in covered employment. To disregard such eligibility considerations would signal fundamental changes in both the philosophy and funding methods of the social security program and would require a major legislative change by the Congress. The supplemental security income program, with eligibility based on actual need rather than participation in covered employment, was designed to assist those individuals who, by virtue of little or no work in covered employment, either do not qualify for retirement or disability benefits or qualify for a low benefit amount.

RECOMMENDATION:

Income limitations should be raised to keep pace with inflation; allow individuals to be employed and receive benefits to improve living conditions.

SSA RESPONSE:

The Social Security Amendments of 1977 (P.L. 95-216), signed by the President in December 1977, address the issue of raising limitations on income to keep pace with inflation. The exempt amount for earned income of title II beneficiaries over age 65 (the retirement test) will increase in stages from the current $3,000 to $6,000 in 1982. After 1982, the exempt amount of $6,000 will increase automatically as wage levels rise. Another change lowers the age at which the retirement test no longer applies from age 72 to age 70 effective in 1982. These changes permit retired persons to earn substantially more income before the benefit offset provisions come into force. Additionally, the annual exempt amount for retirees under age 65 will increase automatically as wage levels rise from its current $3,000 to a projected $4,200 in 1982.

RECOMMENDATION:

That separate funds be made available for the establishment of special manpower programs designed by and for elderly Indians.

That manpower programs be designed to retain the people on or near the homelands of the elderly Indian.

That these manpower programs be adequately funded to meet the employment needs of the Indian aged.

SSA RESPONSE:

The Social Security Administration does not administer programs or funds designated for general manpower training programs. Although there may be special projects established which result in employment of Indians, these would not be classed as manpower training programs and would not be restricted to elderly Indians.

RECOMMENDATIONS:

A program should be established for the purpose of disseminating information on income maintenance, e.g., social security, SSI, veterans benefits, general assistance, private retirement programs and other income sources to the elderly through home visits (outreach) and offices on or near reservations.

Workers employed for this purpose should be of Indian descent and, whenever possible, of Senior Citizen status.

SSA RESPONSE:

In addition to the public information, outreach, and information and referral activities mentioned elsewhere, SSA has established cooperative arrangements with agencies such as the Department of Housing and Urban Development, the Veterans Administration, the Department of Agriculture, the Office of Human Development Services, and others, for distribution of material through their regional and local offices. Cross training of staff, such as with the Administration on Aging, is conducted to equip personnel in both agencies to refer potentially eligible clients for benefits and services. Information and material are made available to organizations such as NICOA* for distribution to their members.

District offices and networks of branch offices, contact stations, and resident stations have been established to better serve Indians on or near reservations. Extensive recruitment programs have been undertaken to staff such offices with American Indians. It is not possible, however, to confine such recruitment and hiring to certain age groups.

RECOMMENDATIONS:

Certain agencies deduct income derived from the sale of arts and crafts (example: general assistance, welfare programs administered by local and State governments, food stamp program).

Agencies using this method to reduce income should be prevailed upon to desist from such practice.

The first $2,500 of elderly Indians' income should be disregarded in determining eligibility for social services.

SSA RESPONSE:

Of the examples cited, the Aid to Families with Dependent Children (AFDC) program would be in the category of welfare programs administered by local and State governments and would be in the jurisdiction of SSA. Income derived from the sale of arts and crafts is treated as self-employment income under rules applied by State agencies to determine need of individuals. Exceptions for race or cultural factors would not result in people in need being treated equally.

The recommendation concerning income eligibility for social services should be referred to the Public Service Administration, Office of Human Development Services, DHEW.

RECOMMENDATIONS:

The Social Security Administration should administer its SSI program uniformly throughout all 50 States in accordance with (CM 12362) (20 CFR 416.1151) whereby supplemental benefits paid by State or local governments are excluded.

Extra benefits received by an individual under a general assistance program which counts SSI as income and gives the individual the difference between his/her SSI benefit and the GA standard should also be excluded.

The minimum age for SSI benefits to Indians should be lowered.

SSA RESPONSE:

Section 505(b) of P.L. 94-566 enacted on October 20, 1976, provides that assistance based on need provided by a State or political subdivision, including an Indian tribe, will be excluded as countable income under title XVI. There are further requirements that the criteria for determining eligibility for and the amount of assistance must include consideration of the income and/or resources of the individual. Also the assistance payment must be totally funded by the State or political subdivision, including an Indian tribe. The provisions of this law are being applied in the current consideration of title XVI claims. An appropriate Notice of Proposed Rulemaking was published on September 30, 1977. Comments have been received and the regulation will be issued in final as soon as possible.

The age of entitlement or eligibility for benefits is established by law. To change the age, either on an across-the-board or ethnic-centered basis, would require legislative action. The SSA is currently reviewing many of its policies, including age of entitlement, with regard to the effects these policies have on racial and ethnic minority persons. We are not currently able to forecast specific recommendations or possible future actions in such areas of concern.

RECOMMENDATIONS:

In some cases, the lack of marriage certificates causes difficulties in obtaining some benefits. In the case of separation from (Indian common law) spouse, financial assistance is cut off.

Statutes recognizing Indian traditional marriages should be enforced.

Establish a system providing emergency funds for such cases.

SSA RESPONSE:

The statutes regarding recognition of marriages for the retirement, survivors, and disability insurance programs are set forth in the Social Security Act, Section 216(h)(1)(A), establishing applicable State laws as controlling. The requirements for the supplemental security income program are somewhat simpler, requiring basically that a couple be holding out to the community that they are married. The evidentiary requirements for ceremonial marriages for retirement, survivors, and disability insurance are described in 20

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* National Indian Council on Aging

CFR 404.707 and for supplemental security income in 20 CFR 404.1030.

The primary difficulty encountered in establishing proof of marriage when no marriage certificate exists (that is the alleged marriage is a tribal custom or common law marriage) is the length of time needed to process the claim. While a ceremonial marriage established in accordance with tribal custom or tribal law, or a common law marriage recognized under the law of the State in which the claimant lives, are accepted as marriages by the Social Security Administration, the evidence required to establish such marriages takes longer to obtain than merely obtaining a marriage certificate.

In any case in which an unrecorded marriage must be developed, benefit payments must be delayed until a valid relationship is established. The delays in developing such claims for benefits are not peculiar to the American Indian and all claimants for title II benefits must meet the same evidence requirements. There is no provision in the existing law for making temporary payments based on the assumption that the evidence will ultimately be received.

RECOMMENDATIONS:

Illegal use of old age pensions and social security benefits by persons other than recipients (in rest homes, by relatives, etc.).

Establish safeguards and educate the elderly in their application.

SSA RESPONSE:

SSA policies are geared to protect the right of individuals to manage their own affairs and to direct the use of their benefits without interference. Once an individual receives a benefit check, the disposition of the check is out of the control of SSA. It is illegal for anyone to require assignment of the proceeds of a benefit check. Allegations of such acts should be reported to the local social security office.

For people mentally or physically unable to handle their own benefits, a representative payee procedure is available. This provides for selection of an individual or institution to act in the best interests of the beneficiary. Information on selection of a representative payee, accountability and reporting requirements, and other related factors, is available from any social security office.

RECOMMENDATION:

Establish emergency funds for temporary disability.

SSA RESPONSE:

In order to establish emergency funds for temporary disability, legislative action by Congress would be necessary. Although a need may exist to provide some financial assistance for individuals temporarily disabled, the present Social Security Act contains no provision for such assistance. Other programs have been deemed more appropriate to take care of short term disability.

The SSA now administers two disability programs, the regular social security disability program and the supplemental security income disability program. Under both programs, monthly payments are made to qualified disabled individuals; that is, those who are unable to work because of a medical condition(s). The disability need not be permanent but it must last (or be expected to last) for at least 12 months.

While the regular disability program does not have any provisions for emergency funds or for disability not lasting or not expected to last for less than 12 months, the supplemental security income disability program has an "emergency fund" feature built into it. Where strong evidence is submitted by a disability applicant to establish the likelihood that certain tests of eligibility, blindness, disability, and residency or citizenship requirements are met, a presumption can be made early that the individual will be found to be eligible for disability benefits. In such cases, if a financial emergency exists, such as the inability to buy food, lack of money for fuel in cold weather, or threatened eviction for nonpayment of rent, a claimant may be granted emergency advance payment. Again, however, as in the regular disability program, the disability must last or be expected to last for at least 12 months before these payments can be made.

APPENDIX

Papago

(Smithsonian Institution, National Anthropological Archives)

INTRODUCTION

Review of available documentation on the Indian elderly disclosed a general lack of uniform, conclusive data which can serve as a basis for action on recommendations generated at the first National Indian Conference on Aging. The National Indian Council on Aging will pursue a systematic research effort to establish a uniform, reliable data base on the Indian elderly nationwide. The supplemental information submitted with this report is intended only to throw additional light on Conference recommendations.

The greatest vacuum exists in the area of reliable statistics. Figures based on the 1970 U.S. Census fall far short of the actual count of Indian elderly, and those available from the Bureau of Indian Affairs are not grouped by the appropriate age levels. For example, while age 60+ statistics were required for purposes of eligibility for participation in programs funded under Titles III and VII of the Older Americans Act, Bureau of Indian Affairs statistics are only available for ages 65 and over. The next lower age grouping available from BIA covers ages 45-64.

The only valid data base can probably be found in tribal census rolls, and this Project did not have the resources to pursue that avenue on a nationwide basis, other than through a request directed to individual tribes by mail. The questionnaire employed for this purpose included questions on other subjects and is reproduced i.a. on P. 268. Since responses received did not constitute an adequate basis for tabulation and analysis, they are included with other types of documentation under the organizational Area in which the respondents are located.

The nature of general supplemental documentation received varied greatly from one Area to the next. Again, since comparable information was not available for all Areas, materials submitted were included under the respective Area headings.

As can be seen by the material submitted, the volume of documentation also varied greatly, depending on the Area of origin. Potential critics of an apparent overbalance of documentation from one Area are reminded that equal appeals for information went out to all; the difference in responses determined the difference in volume.

All material is reproduced as submitted. Opinions expressed are those of the writers, and statistics listed have not been verified. We are grateful to all who took the time and trouble to share information and statistics with us.

We regret that time and staff limitations did not permit us to provide a comprehensive index with this report. We hope that the serious student of the subjects covered will, nevertheless, find new sources of information.

Any comments, additions, or responses to material included in this report should be directed to the National Indian Council on Aging, which continues the work begun by the National Tribal Chairmen's Association with this Conference Project. The address is:

National Indian Council on Aging
P.O. Box 2088
Albuquerque, New Mexico 87103

Tribal Sovereignty and Tribal Government

I. THE SPECIAL RELATIONSHIP BETWEEN THE FEDERAL GOVERNMENT AND THE INDIAN TRIBES

"...On June 15, 1789, Secretary of War Henry Knox made a report on the 'Indian problem.'

> In examining the question how the disturbances on the frontiers are to be quieted, two modes present themselves, by which the object might perhaps be effected; the first of which is by raising any army, and extirpating the refractory tribes entirely, or secondly by forming treaties of peace with them, in which their rights and limits should be explicitly defined, and the treaties observed on the part of the United States with the most rigid justice, by punishing the whites, who should violate the same. In considering the first mode an inquiry would arise, whether, under the existing circumstances of affairs, the United States have a clear right, consistently with the principles of justice and the laws of nature, to proceed to the destruction or expulsion of the savages...(Presumably) a nation solicitous of establishing its character on the broad basis of justice, would not only hesitate at, but reject every proposition to benefit itself, by the injury of any neighboring community...The Indians being the prior occupants, possess the right of the soil. It cannot be taken from them unless by their free consent, or by the right of conquest in case of a just war. To dispossess them on any other principles, would be a gross violation of the fundamental laws of nature...."[1]

"...The first Congress of the United States reserved unto itself, the power to deal and negotiate with Indian Tribes, showing a wisdom thereby which was not fully appreciated until recent times. The Indian Tribes were then, and are now legally considered as pseudo-sovereign nations—exercising the powers of residual sovereignty. As early as 1775, Article Nine of the Articles of Confederation asserted: "The United States in Congress assembled shall also have the sole and exclusive right and power of...regulating the trade and managing all affairs with the Indians..." This Article was approved in Congress in 1777. In 1789, the Constitution clearly established the federal relationship to Indian Tribes in the "commerce clause which reads in part...to regulate commerce with foreign nations, and among the several states, *AND WITH THE INDIAN TRIBES*."

Subsequently, Congress passed a series of Federal laws "to regulate trade and intercourse with the Indian Tribes, and to preserve peace on the frontier;" such laws were commonly known as the "Indian Trade and Intercourse Acts" which served to further clarify the *ABSOLUTE RELATIONSHIP BETWEEN THE FEDERAL GOVERNMENT AND THE INDIAN TRIBES, AND EXCLUDED THE INTERFERENCE OF ANY STATE*."[2]

II. CONCEPTS OF TRIBAL SOVEREIGNTY

Spanish

"The white man's knowledge of the Southwestern Indians began in the early sixteenth century. Among the first tribes met by Coronado and other Spanish explorers in the region were the inheritors of the Anasazi culture. At that time, the Pueblos—from the Hopi and Zuni settlements in the west to the eastern Pueblo groups in the Rio Grande Valley—numbered more than 16,000 people and dwelled perhaps in eighty settlements, each one politically autonomous.

Vitoria, a sixteenth century Spanish philosopher on the concept of international law, entertained deep thoughts on the political status of the Indians of the New World. Vitoria explained that the "aborigines" (Indians) were human and possessed a rational mind, thus they being rational creatures, as are all men, they cannot be denied the right of possession and domain. "It being premised, then, that the Indian aborigines are or were true owners, it remains to inquire by what title the Spaniard could have come into possession of them and their country." In response to the question, Vitoria believed that the Spaniards had a right to explore the New World, but had been given no right to title or dominion of Indian soil or Indian politics.

Vitoria's principles were followed by the Spanish Crown and the Pope, only ideally, however, for the Spanish conquistadores practiced a quite opposite theory—that of dominion by conquest, and ruthlessly so! Even though the Spaniards as *conquerors* did not practice what was preached, the Crown soon incorporated these idealistic notions of Indian title and dominion into her laws, recognizing the Indian as an individual with rights as such. The Spanish Crown took the view that it was to be a protector of the Indian against the threats of local Europeans, its subjects as well.

The Spanish King was proprietor of all territories conquered in his name and was at liberty to dispose of them as he chose. They were distributed in several ways. Lands were conceded to the support of new towns and their citizens, for Indian pueblos, and to vassals who had served in the conquest of a new territory. Certain property was retained by the Crown under the title of "vacant or royal lands." It was these last which were made as grants to individuals, but with the understanding that final title was retained by the king. Grants were made for occupation and use, the subject taking the rents and profits, and normally a time limit was specified.

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[1] The Council on Interracial Books for Children, *Chronicles of American Indian Protest*, New York, N.Y. 1971, pp. 54-58.

[2] *Indian Affairs—What Has Been Done and What Needs to be Done*, Keynote Address to the 25th Annual Convention of the National Congress of American Indians, Albuquerque, New Mexico, 1969, pg. 7, by Wendell Chino, President, National Congress of American Indians, and President, Mescalero Apache Tribe.

The Spanish governor of New Mexico was empowered to make both Spanish and Indian land grants in the name of the king. Related to the governor's land grant powers was his obligation to protect Indian properties from trespass and encroachment by Europeans. Carefully wrought legislation was designed to safeguard all native land which was actually used or occupied. With increased European population, the eighteenth century was a time of stress for the Indian communities, as the governors and *alcaldes mayores*, at best, ignored the laws while whites impinged upon pueblo lands, and, at worst, connived openly to exploit the natives. In all judicial cases involving the Indians, the governor held exclusive jurisdiction, as well as the power to appoint defenders (*defensores* or *curadores*) in their behalf. The official Spanish policy towards the Pueblo Indians can, perhaps, best be described by the following excerpts compiled in 1939 by Herbert O. Brayer of the University of New Mexico from the *Recopilacion de las Indias*, law 1, title 2, book 6:

"1. The Pueblo Indians of New Mexico were considered wards of the Spanish Crown.

"2. The fundamental legal basis for Pueblo land grants, purporting to convey land to the Indians are spurious.

"3. Only the viceroy, governors, and captains-general could make grants to the Indians, and only these officials had the authority to validate sales of land by the Indians.

"4. All non-Indians were expressly forbidden to reside upon Pueblo lands.

"5. The Spanish Government provided legal advice, protection, and defense for the Indians. Provincial officials had the authority to appeal cases directly to the audiencias in Mexico.

"6. The Indians had prior water rights to all streams, rivers and other waters which crossed or bordered their lands.

"7. The Pueblo Indians held their lands in common, the land being granted to the Indians in the name of their pueblo."

English

The English, unlike the Spanish, did not recognize the political independence of the Indians and had declared them to be vassals of the Crown. A vassal being a feudal tenant or conditional grantee, the Indian generally being the latter, with the Crown acting as grantor. The Indians were admitted to possess a right of occupancy or use of the soil, and in a sense they were permitted to exercise rights of sovereignty over it. However, they were denied the authority to dispose of the soil to anyone other than the crown.

Britain claimed her title and absolute sovereignty upon the principle of international law; that title is founded upon discovery and conquest. Thus, until the revolution, the Indian of the east was a vassal of the English Crown while those of the southwest enjoyed the status of ward under the guardianship of the Spanish Crown.

American

The basic Indian policy of the United States was formulated during the first decades of our national existence, as the Federal government sought solutions to the problems caused by the presence of the Indians. These problems were inherited from Great Britain when the new nation acquired its independence; they grew out of the given fact that the Indians were here when the white man arrived and that their presence on the land formed an obstacle to the westward advance of the white settlers.

From the beginning, three potential competitors for power were present: the Federal government, the states, and the Indian tribes. The Indian policy of the government was expressed in the formal treaties made with the Indian tribes, but it took shape primarily in a series of Federal laws to regulate trade and intercourse with the Indian tribes, and to preserve peace on the frontier. The power to regulate the Indian tribes was granted to the Federal government rather than the States.

The treaty-making authority of the Federal government led to a conflict between state regulation of the Indian tribes versus Federal regulation. In *Cherokee Nation* v. *Georgia*, a suit was brought by the Cherokee Nation to enjoin the state of Georgia from Execution of state laws which would deprive the tribe of land granted to it by a Federal treaty. Chief Judge Marshall stated the position of the Indian tribe as follows:

> "Though the Indians are unacknowledged to have an unquestionable, and heretofore, unquestioned right to the lands they occupy until that right shall be extinguished by a voluntary cession to our government, yet it may well be doubted whether those tribes which reside within the acknowledged boundaries of the United States can, with strict accuracy, be denominated foreign nations. They may, more correctly, perhaps, be denominated domestic dependent nations. They occupy a territory to which we assert a title independent of their will, which must take effect in point of possession when their right of possession ceases. Meanwhile, they are in a state of pupilage. Their relation to the United States resembles that of a ward to his guardian."

Marshall founded the denial of the injunction on the premise "that the framers of our Constitution had not the Indian tribe in view when they opened the courts of the Union to controversies between a state or the citizens thereof, and foreign states."

Justice Johnson concurred in the result, but took the view that

> "...they may be deemed a state, though not a sovereign state, at least while they occupy a country within our limits. Their condition is something like that of the Israelites when inhabiting the deserts...their right of personal self government has never been taken from them."

The position of the Indian tribes *vis-a-vis* the states and the Federal government came to light in 1832 in *Worcester* v. *Georgia*. The plaintiff, a missionary on the reservation and a citizen of Vermont, was arrested under a Georgia law which required all white residents to take an oath of allegiance to the state of Georgia and to obtain a license from the state. The Chief Judge stated the following:

> "The Indian nations had always been considered as distinct, independent, political communities, retaining their original natural rights, as the undisputed possessors of the soil, from time immemorial, with the single exceptions of that imposed by irresistible power, which excluded them from intercourse with any other European potentate than the first discoverer of the coast of the particular region claimed...The settled doctrine of the law of nation is, that a weaker power does not surrender its independence—its rights to self-government, by associating with a stronger, and taking its protection...
>
> "The Cherokee nation, then, is a distinct community occupying its own territory, with boundaries accurately described, in which the laws of Georgia can have no force, and which the citizens of Georgia have no right to enter, but with the assent of the Cherokees themselves, or in conformity with treaties, and with the acts of Congress. The whole intercourse between the United States and this nation is, by our Constitution and laws, vested in the government of the United States."

The holding of the court was to declare the law null and void, as contrary to the treaties and to the Constitution.

At the time Marshall was deciding the legal status of the Indians *vis-a-vis* the Federal and State governments, President Andrew Jackson was shaping a distinct and different executive policy, and on December 8, 1829, he directed a statement to Congress:

> "Did the federal government have a right to sustain the Indians in their pretensions, he asked. His answer was unequivocal. The Constitution forbade the erection of a new state within the territory of an existing state without the State's permission. Still less, then could it allow a foreign and independent government to establish itself there. On these grounds, he told Congress, he had informed the Indians that their attempt to establish an independent government would not be countenanced by the Executive of the United States, and he advised them either to emigrate beyond the Mississippi or to submit to the laws of the state...the solution was to set apart an ample district west of the Mississippi, to be guaranteed to the Indian tribes as long as they occupied it. There they could be taught the acts of civilization."

When Marshall's ruling on Worcester came out, President Jackson is quoted as saying, "the Chief Justice has made his ruling, now let him enforce it." Even though there has been uniform judicial acceptance of Worcester, the legislative and executive acceptance has been variegated.

Thus, the power struggle between the three divergent interests (the Federal government, the State government, and the Indians) became evident early in American history. With the concept of sovereignty in mind, the treatment of the Indian tribes must be traced from the days of treaties to the present day of civil rights legislation, for tribal sovereignty raises questions such as the requirements of constitutional due process in the tribal court and the applicability of sovereign immunity to tribal commercial activity. It seems clear, however, that the Federal courts would not today reaffirm Chief Justice Marshall's dicta. The Civil Rights Act of 1968, which requires tribal governments to respect most of the guarantees of the Bill of Rights, emphasizes this change in doctrine.

III. DEALING BY TREATY

The treaty approach was derived from established British Policy in colonial days which was reaffirmed by the Continental Congress. The Northwest Ordinance of 1787 stated that:

> "Lands and property shall never be taken from the Indians without their consent; and in their property, rights, and liberty, they never shall be invaded or disturbed, unless in just and lawful wars authorized by Congress; but laws founded in justice and humanity shall from time to time be made, for preventing wrongs being done to them, and for preserving peace and friendship with them."

The early philosophy of dealing with the Indians was based upon consent before any action would be taken against them. A treaty signed at Fort Stanwix in 1784 was the first treaty to become effective between former Indian subjects of the British Crown and the United States. This treaty meant that the six nations were willing and did settle their differences with "the thirteen fires" (thirteen colonies). They pledged themselves to the United States in exchange for protection. The treaty, signed by Corn Planter and other chiefs, guaranteed them the right to live in their ancestral homeland unmolested.

Based upon the constitutional provisions granting the treaty power, 363 treaties with about 200 tribes were negotiated and ratified between 1778 and 1871. The (legality and constitutionality of the) treaties had no greater legal force or effect than legislative acts of Congress. A subsequent treaty or legislative act of Congress would void a prior treaty for it is a well established principle of our constitutional law that a treaty may be abrogated or superseded by a subsequent act of Congress. While good faith may have caused Congress to refrain from making any changes in a treaty law, if it did so, its enactment became the law, for a person acquired no vested rights to the continual operation of a treaty and everyone is bound to obey the latest expression of the law. An Indian treaty could be modified by mutual consent. Congress could, however, repeal, modify, or disregard treaty commitments with legislation, including those made to the Indians. In upholding legislation contravening an Indian treaty, the Supreme Court in *Lone Wolf* v. *Hitchcock* said:

> The power exists to abrogate the provisions of an Indian treaty, though presumably such power will be exercised only when circumstances arise which will not only justify the government in disregarding the stipulation of the treaty, but may demand, in the interest of the country and the Indians themselves, that it should do so. When, therefore, treaties were entered into between the United States and a tribe of Indians it was never doubted that the power to abrogate existed in Congress, and that in a contingency such power might be availed of from consideration of governmental policy, particularly if consistent with perfect good faith toward the Indians."

Although the courts have recognized a liberal construction of treaty terms in favor of the Indians, this enforcement procedure was not necessarily always available, nor when a court decision was handed down was it necessarily followed by the legislative or executive department. Treaties were invalidated by hostilities. Some treaties provided for the modification or abrogation of previous provisions or declared previous treaties null and void and cancelled claims under them, or nullified preemptive rights and reservations created under them, or expressly recognized former treaties.

The legal standing of Indian treaties did not assure their actual enforcement. Some important treaties were negotiated but never ratified by the Senate, or ratified only after a long delay. Treaties were sometimes consummated by methods amounting to bribery, or signed by representatives of only a small part of the signatory tribes. The Federal government has failed at times to fulfill the terms of treaties, and is said to have been unable or unwilling in some instances to prevent states, or Anglos, from violating treaty rights of the Indians.

IV. CREATION OF RESERVATIONS

There are said to be three types of Indian reservations: those created by treaties prior to 1871; those created by acts of Congress since 1871; and those made by Executive Orders, whereby the President set apart public lands for the use of the Indians. The United States generally holds the title, while the right of use and occupancy is in the Indians. There is no peculiar virtue in the word "reservation" and there is no special ceremony for bringing a reservation into existence.

The reservation system was devised to isolate the Indians away from the white settlers who were expanding westward. Reservations were created with different political, social, and economic policies in mind. Federal policy has, from time to time, been aimed at encouraging Indians to adopt the ways of their white neighbors. Between 1789 and 1886, such policy vacillated between making treaties with Indian tribes as landowning, autonomous nations and compelling them to live as wards of the Federal government. Certain bands were virtual prisoners, forced to dwell within the boundaries of their original domain or on land given them in exchange for it.

The Indians were forced or coerced to sign reservation agreements which appeared to be in the best interest of their tribes. But, in fact, the best interest normally served was that of the white man. Federal interest focused upon the acquisition of eastern Indian land through treaties and the establishment of Indian tribes on land west of the Mississippi where, it was hoped, they would be left unmolested by encroaching settlers. In the majority of cases, the treaties provided that the Indians "receive" for their exclusive use and occupancy a portion of western territory, and that they relinquish title to eastern lands in return for some form of compensation, while other treaties provided for the removal of Indians to new land.

The reservation system, in its early form, was neither an acceptable mode of life for the Indians, nor did it prevent the unlawful acquisition of Indian land by white settlers. Besides the fact that the Indians could not make the rapid adjustment expected of them, a basic conflict resulted from the Indian memory of the day when he belonged to a sovereign, independent tribe as contrasted with the white attitude toward the Indians as little more than a nuisance in a land that now belonged to the United States.

In 1871, Congress passed legislation which abolished the treaty method of dealing with the Indians and adopted legislation and executive orders as the methods of dealing with Indian affairs. The act passed on March 3, 1871, contained the following:

> "No Indian nation or tribe within the territory of the United States shall be acknowledged or recognized as an independent nation, tribe, or power with whom the United States may contract by treaty; but no obligation of any treaty lawfully made and ratified with any such Indian nation or

tribe prior to March 3, 1871, shall be hereby invalidated or impaired."

The constitutionality of the 1871 Act was affirmed in 1894 in *Leighton* v. *United*. This act asserted the right of the government to define the rights of Indians with or without their consent.

Thus, the rights of the Indian were to be decided by the white father in Washington without regard to the Indians' desires if such be the choice of the government. By 1880, it became imperative that the conflict be alleviated between the Indians and the white settlers over land disputes and the answer was to serve the white man's interests, by application of the economic and social philosophy of the time, rather than from a study and understanding of the Indians and the cross-cultural problems involved in the acculturation process. It was believed that the possession of lands in common, together with the continuation of tribal political, religious, and social independence, constituted the principal reasons for the inability and unwillingness of the Indian to learn the American way of life. Thus, the legal position of the Indian tribes as domestic dependent nations passed as a historical part of the settlement of the western United States."[1]

V. SOVEREIGNTY AND JURISDICTION

"Any discussion of tribal sovereignty begins on a questionable basis because the concept of sovereignty is fundamentally of Western origin. Applying a concept of the supreme and absolute political powers of a state to a stateless society such as that which existed among Indians in America prior to the European settlement appears to lead to a contradiction in terms. Because, however, the Western European countries thought and dealt with the Indians in relation to the concept of sovereignty, many Indian rights are based upon principles of that concept. Hence, in order to understand the nature of those rights, an analysis of their relationship to sovereignty must be made..."

"...In an 1872 decision, *Holden* v. *Joy*, the Supreme Court reaffirmed the status of the early Indian treaties and of the domestic law of the tribes, by saying:

> They are not states within the meaning of any of those clauses of the Constitution, and yet in a certain domestic sense, and for certain municipal purposes, they are states, and have been uniformly so treated since the settlement of our country and throughout its history, and numerous treaties made with them recognize them as a people capable of maintaining the relations of peace and war, of being responsible, in their political character, for any violation of their engagements, or for any aggression committed on the citizens of the United States by any individual of their community.

In the same opinion, the court explicitly stated the sovereign nature of the tribes:

> Throughout, the Indians as tribes or nations, have been considered as distinct, independent communities retaining their original, natural rights as the undisputed possessors of the soil, from time immemorial, subject to the conditions imposed by the discoverers of the continent which excluded them from intercourse with any other government than that of the first discoverer of the particular section claimed.

Thus, the Supreme Court again reemphasized the fact that Indian nations still retain some sovereignty..."

Redefinition by Courts

"...In the meantime, the courts were continuously redefining the nature of the relationship between the Indian tribes and the United States government. In *Choctaw Nation* v. *United States*, decided in 1886, the Supreme Court said:

> (T)he Choctaw Nation falls within the description in the terms of our Constitution, not of an independent state or sovereign nation, but of an Indian tribe. As such it stands in a peculiar relation to the United States...The recognized relation between the parties to this controversy, therefore, is that between a superior and an inferior, whereby the latter is placed under the care and control of the former...The parties are not on an equal footing, and that inequality is to be made good by the superior justice which looks only to the substance of the right, without regard to technical rules framed under a system of municipal jurisprudence, formulating the rights and obligations of private persons, equally subject to the same laws.

In a later case, *Cherokee Nation* v. *Southern Kansas Railway Co.*, the Supreme Court went even further when it said that the United States could exercise a right of eminent domain over Indian country:

> The Cherokee Nation is not sovereign in the sense that the United States or a State is sovereign, but is now, as heretofore, a dependent political community, subject to the paramount authority of the United States..."

Termination and Self-Determination

"...On August 1, 1953, Congress passed House Concurrent Resolution 108 which stated the policy of termination of federal services to Indians. Following this policy, Congress passed bills providing for the termination of services to specific Indian tribes.

The courts, however, continued to recognize tribal sovereignty. Thus, the Eighth Circuit Court of Appeals, in *Iron Crow* v. *Oglala Sioux Tribe of Pine Ridge Reservation*, stated:

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[1] James B. Grant, Director et al, *Indian Justice Planning Project*, 1971, pp. 54-71.

> As already indicated, the Constitution, by authorizing Congress to regulate commerce with the Indian tribes and by authorizing the making of treaties with them, while not in and of itself *establishing* the sovereignty of the tribes, nevertheless does *recognize* their sovereignty. (Original emphasis.)

The Supreme Court, in *Williams* v. *Lee*, though acknowledging the termination policy, still emphasized tribal sovereignty:

> There can be no doubt that to allow the exercise of state jurisdiction here would undermine that authority of the tribal courts over Reservation affairs and hence would infringe on the right of the Indians to govern themselves . . ."

Conclusion

". . . Many questions remain unanswered concerning the sovereignty and jurisdiction of Indian tribes. The *Turtle* case shows that some courts will examine what Indian tribal governments are doing to determine if they are exercising their rights of self-government. But whose standards are the courts using? If a tribe does not have an ordinance on a specific subject, can a court rule that such tribe has abandoned its rights on that particular subject? If such a determination is made, will a court turn over an unexercised tribal power to a state? Is it necessary for tribes to adopt measures which parrot the laws of the dominant society in order to be acknowledged as exercising tribal sovereignty? If tribal sovereignty is examined by courts on the basis of whether or not a tribe has enacted laws similar to those in the society, tribal sovereignty will be reduced to mimicry. To be sovereign is to have powers and authority to exercise them—or *not* to exercise them . . ."

". . . Notwithstanding the fact that there are many questions concerning the scope of Indian sovereignty, one general conclusion emerges: It is necessary for Indian tribal governments to examine past actions which have limited their sovereignty so that they may anticipate and prepare for similar actions in the future. Unless tribal governments exercise or otherwise clearly identify those powers which they still possess, they run the risk of losing what remains of tribal sovereignty—which essentially is the right of self-government. If Indians and non-Indians truly aspire to the goal of "Indian self-determination," tribal sovereignty must be recognized. It is in that context that the jurisdictional problems identified in this paper must be solved."[1]

VI. TRIBAL GOVERNMENT

What is a tribal government, as a question to be more fully answered, must go beyond the mechanical structure of tribal governments and what they do. One authority states that Indian self-government includes the power of an Indian tribe to choose its own form of government, to define conditions of tribal membership, to regulate domestic relations of its members, to prescribe rules of inheritance, to levy taxes, to regulate property within the jurisdiction of the tribe, to control the conduct of its members by municipal legislation, and to administer justice. Viewed in these terms, the tribal government appears to be like a municipality, and it has been so characterized. It should be quickly pointed out that while ordinary municipalities look to either of them, this is not so with tribal governments. Tribal governments are not creations under federal or state systems, but rather, are entitites predating them by virtue of which they have retained residual powers not yet expressly extinguished by some act of the United States. In principle, this means that, "It is only by positive enactments, even in the case of conquered and subdued nations, that their laws are changed by the conqueror."

The exercise of this tribal power is equally recognized whether it comes through customs handed down by word of mouth or through written constitutions and statutes, for the laws of the tribe owe their force to the will of the members of the tribe. Then, how do these tribal governments fit, if they do, into the more familiar institutions under the federal and state systems? A look at the historical origins of tribal governmental powers and how they have been recognized and reconciled to federal and state powers of government might help us to understand better the nature and place of tribal governments.

Since the federal government is founded on the Constitution and derives its powers from it, so the several states by consenting to join the Union through ratification of that Constitution have subjected their sovereignty to the superior power of the national government. But the Indian tribes are not states even though they are recognized as "distinct, independent, political communities, retaining their original natural rights," and, therefore, never had the opportunity to decide how they should fit into the national Constitutional scheme. While the Constitution, constructed as it was in contemplation of the union of several states, provided the basis for construing the relations between state and federal governments upon principles of English common law, there were no such bases with respect to the tribes. To oversimplify the description of this situation, the consequence is that the United States has had to deal with Indians and their affairs through Anglo notions of its legal relations with them under the Constitution, affected by treaty provisions, court interpretations, and sovereign dominion; but, all of which are constrained by the acknowledged existence and exercise of residual sovereignty in the tribes that secures to them the right and power of regulating their internal affairs without foreign dictation.

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[1] National American Indian Court Judges Association, *Justice and the American Indian—Volume 4: Examination of the Basis of Tribal Law and Order Authority*, Washington, D.C., 1974, pp. 27, 32, 35, 37-39.

Assuming that in the beginning tribes were absolute sovereigns, it might be broadly stated that these tribal sovereignties have been reduced to what they are today by interventions, or limitations upon them through treaties, through exercise of national sovereignty over them on the notion that conquest rendered the tribes subject to the power of the United States, and Congressional statutes and Executive actions implementing those treaties and powers derived from the Constitution. What remains has been described as internal sovereignty which provides the basis for self-government.[1]

Mildred Cleghorn, Chairperson, Fort Sill Apache Tribe of Oklahoma

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[1] Thomas Weaver, *Indians of Arizona—A Contemporary Perspective*, The University of Arizona Press, Tucson, Arizona, 1974, pp. 99-101.

Report of the Task Force on Indians

MONOGRAPH NUMBER FIVE

THE CHANGING LEGAL STATUS OF THE TRIBAL INDIAN

Department of Health, Education, and Welfare
Region VIII, Denver, Colorado

From before the inception of the Federal Government, the relationship of the government to Indian tribes and to individual members of Indian tribes has been evolving in response to changing legal concepts expressed in treaties, statutes, and interpretive judicial decisions.

Bases for Laws Governing the Status of Indians: Treaties

Prior to the adoption of the Federal Constitution, treaties with Indian tribes and bands had been entered into by British authorities and by individual colonial governments. New York and Pennsylvania entered into treaties with the Mohawks and Delawares, (Leni Lenape), respectively, under which Indian lands were recognized and certain tribal rights were guaranteed. The Mohawks and others remain on State-protected reservations in New York to this day. North Carolina entered into treaties with what is now the Eastern Band of the Cherokees and the latter remain to this day in Western North Carolina.

Today, Tribal Indians born in the United States are citizens of the United States despite Tribal-allegiances or membership in "dependent sovereignties." This was not always so, because Indian tribes originally were considered to be separate, independent "nations", existing within the boundaries of the United States. The Constitution of the United States, echoing the colonial concept that Indian tribes were sovereignties, in a subclause of the commerce clause provides that Congress is to treat Indian tribes as separate political entities:

> "The Congress shall have power . . . to regulate commerce with foreign Nations, and among the several States, and with the Indian Tribes." Article I, section 8, clause 3, *Constitution of the United States*.

And the United States for a time regulated the relationships between the Government and Indians, and between citizens and Indians, not only on the basis of statutes relating to trade but more often through treaties negotiated with tribes or imposed by the military, acting under the war powers of the Executive and Legislative branches of the Government, as in the case of wars waged against foreign states. Differential treatment of Indians by the Government through most of our national history has been based legally on the relationships between the United States, as a political entity and those entities called tribes (or bands), rather than upon the race of the Indians, as such, despite the conclusion of some courts to the contrary. *Cohen: Handbook of Federal Indian Law* (1940).

Status of Tribes

However, the political entity called an Indian tribe is neither a State nor a foreign Nation, although Indian leaders of some tribes from time to time—and currently— have attempted to obtain recognition of tribal Governments as sovereignties analogous to, or the same as, States. Recently, (1974) the Navajo Tribe has inquired whether support would be given by the Department to a proposal under which the tribal Government, rather than State Governments, would administer "single State plans" for the provision of public assistance and social services to Navajos living on the giant Navajo Reservation. Other tribal leaders— and some State officials— are suggesting that tribal Indians be treated as persons who are not citizens of States but are members of societies that are special branches of the Federal Government.

In *Cherokee Nation* v. *Georgia*, 30 U.S. 19 (1831), the Supreme Court (Marshall, Chief Justice) stated that the Cherokee Nation was "a domestic dependent Nation" in "a condition of pupillage." In *Worcester* v. *Georgia*, 31 U.S. 515 (1832), the Court held that State laws have no force in recognized Indian lands and that State officials and citizens could not enter such lands without the consent of the tribe or in conformity with treaties or acts of Congress. Thereafter the concept of the legal inability of State and non-Indian persons to interfere with the property rights of tribal Indians or to interfere in their domestic Governments without the permission of the Federal Government, was strengthened by the enactment of the *Trade and Intercourse Act*, 25 *United States Code Anno.*, §§179-180, 193, 194, 201, 229-230, et seq. In *The Kansas Indians*, 5 Wallace 737 (1866), the Supreme Court held that a State cannot tax the property of Indians in Indian country and that Indians and their property on Indian lands are under exclusive Federal jurisdiction.

Conversely, Indians were not citizens, either of the States wherein their land was situated, nor of the United States [*Elk* v. *Wilkins*, 112 U.S. 94 (1884)] but were "wards" of the United States whom the Federal Government was (gradually) preparing for citizenship. A part of the "civilizing" efforts of the Government was to train Indians to read, write, figure sums, and farm, and to allot parcels of grazing and agricultural lands to individual enterprising Indians at the pleasure of the President. The *General Allotment Act* (Dawes Act), 25 *United States Code Anno.*, §§331-358 (1887). Allotted lands were restrained from alienation for 25 years or more, but Indians who obtained allotments of land or who resided on allotted land and who "adopted the habit of civilized life" by severing their tribal allegiances became citizens of the United States and of the States in which they resided. Unfortunately over one hundred million acres of land was dissipated from Indian control under the Allotment Act to swell the tax rolls of States, largely through sales by Indians to non-Indians, and Congress in 1934 enacted the Indian *Reorganization Act* (infra) to enable tribes, inter alia, to protect tribal lands from alienation.

Regulation of Indian Domestic Affairs

For many decades after formation of the National Government no attempts were made by the Congress to regulate the internal domestic affairs of Indian tribes and bands, since the Constitutional basis for such regulation seemed to some legal authorities not to exist. *United States* v. *Holliday*, 3 Wallace 407 (1886). In 1886, however, the Supreme Court of the United States was faced with a Congressional enactment which prescribed a system of criminal laws for Indians living on their reservations. The Government claimed that the statute was based on the commerce clause but the court rejected this argument. Nevertheless, the Court sustained the power of the Congress to regulate the internal affairs of tribal groups on the basis of a national duty to protect the Indians:

> "From their very weakness and helplessness, so largely due to the course of dealing of the Federal Government with them and the treaties in which it has been promised, there arises the duty of protection, and with it the power. This has always been recognized by the Executive and by Congress, and by this Court, whenever the question has arisen. ... The power of the general Government over the remnants of a race once powerful, now weak and diminished in numbers, is necessary to their protection, as well as to the safety of those among whom they dwell. It must exist in that Government, because it has never existed anywhere else, because the theater of its exercise is within the geographical limits of the United States, because it has never been denied, and because it alone can enforce its laws on all the tribes." *United States* v. *Kagama*, 118 U.S. 375 at p. 384 (1886).

The Court also held that the power of the Congress was operative to protect tribal Indians on reservations from the operation of the laws of the State in which they resided.

Although Congress at first made no attempts to regulate the internal affairs of Indians, efforts to do so by States were made which resulted, inter alia, in Federal pressures on States to abandon those attempts. After the year 1866, States admitted into the Union generally were required to disclaim all jurisdiction in their State constitutions over Indian lands within their borders and the Congress also usually reserved such jurisdiction to the Federal Government or to the Indians in the enabling acts authorizing the admission of States. Since then the Congress in effect has authorized the dissolution of particular tribes, recognizing that individual members had largely joined the general population or were ready to do so, having abandoned their tribal customs and practices and being no longer in need of governmental protection. In other instances, where the tribe intends to continue as a separate political and economic entity, the Congress has given to the tribes and to the States its permission to extend State civil and criminal jurisdiction, including State taxing power, over tribal lands and Indians residing on such lands, requiring, however, that the tribes and States formally vote to accept such jurisdiction before it can become legally effective. Some tribes, e.g., the Nez Perce in Idaho, have voted to accept State jurisdiction; most others, e.g., the Sioux in South Dakota and Navajo in Arizona, New Mexico and Utah, have refused State jurisdiction. In a few instances the Congress extended State jurisdiction over certain Tribes without Tribal consent; in others, States have been uninterested in extending State jurisdiction over tribal lands.

Tribal Sovereignty—Immunity from Lawsuits

As sovereign dependent nations, American Indian tribes are immune from suit in any court unless Congress has expressly consented to the suit. In *Thebe* v. *Choctaw Tribe*, it was held:

> "This argument overlooks dependent Minnesota Chippewa Tribe's sovereign immunity, protecting it from suit in the Federal Courts. Indian tribes under the tutelage of the United States are not subject to suit without the consent of Congress . . .and 28 U.S.C. §1331 does not operate to waive sovereign immunity. ..." (8th Cir. 1967) 370 F.2d 529.

Other suits claiming that a jurisdictional basis existed to sue Indian tribes because they are "Federal instrumentalities", also have been rejected by courts. *Colliflower* v. *Garland*, 342 F. 2d 369 (9th Cir. 1965); *Joshua* v. *Goodhouse*, Civil No. 4469, Dist. N.D., April 17, 1971.

It is unclear whether enactment of the *Indian Civil Rights Act* constitutes consent by the Congress to suits against tribes. In *Spotted Eagle* v. *Blackfeet Tribe*, (D. Mont., 1969), 301 F. Supp. 85, the Federal Court held that it had jurisdiction to enforce rights claimed under the Act, applying another provision of Federal law (28 *United States Code* §1343 (4)), giving Federal district courts jurisdiction over civil actions brought to protect the civil rights of individuals. The court expressly declined to pass on the question of waiver of tribal immunity, however. In *Longcassion* v.*Leekity*, (D. New Mexico, 1971), 334 F. Supp. 370, the court conceded that the Indian Civil Rights Act contains no express waiver of immunity but said such waiver must be implied since otherwise the Act is but "an unenforceable admonition." Declaratory relief apparently also is available in Federal courts with respect to civil rights cases arising on reservations. *Lefthand* v. *Crow Tribal Council*, (D. Mont., 1971), 329 F. Supp. 728:

> "[A Federal Court] ... may fashion an equitable remedy where (a) right exists."

However, even where it is held that the tribe is immune to lawsuits for damages under the Civil Rights Act, the Indian plaintiff would seem to have a right of action against the Indian officials. 48 *North Dakota Law Review*, No. 4: *"Equitable and Declaratory Relief under Indian Civil Rights Act."* Tribal Indians who appeal to the Department for redress under the Indian Civil Rights Act are advised that (1) ordinarily the Department is without jurisdiction to investigate, even where the complainants have been summarily discharged from HEW-funded tribal employment, and (2) a remedy should be sought in Federal District Court.

In some few instances Congress has expressly waived the sovereign immunity of tribes to suit, the most recent occasion being the enactment of Public Law 93-638, containing both the *Indian Self Determination Act* and *Indian Education Assistance Act*.

End of Treaties; Recognition of the Duty to Protect; Plenary Powers of Congress

Since 1871 Congress has forbidden the further making of treaties with Indian tribes (although many treaties entered into before that date apparently are still operative). 16 *Statutes at Large* 544, 566; 25 *United States Code Anno.*, 71. Today the legal basis for dealings with Indian tribes is recognized as an amalgam of the "duty to protect" and the commerce clause. *United States* v. *Sanderal*, 231 U.S. 28 (1913); *Perrin* v. *United States*, 232 U.S. 478 (1914). But however based, the power of the Congress is plenary, and it may regulate the internal affairs of Indian tribes, even though the individual members thereof have been admitted to citizenship by the State where the tribe or band is located, *United States* v. *Holliday*, supra, or have become citizens of the United States. *United States* v. *Nice*, 241 U.S. 591 (1916) overruling *Matter of Heff*, 197 U.S. 488, 509 (1905).

Indians as Citizens

All native born Indians have been citizens of the United States, and of the States in which they reside, since 1924. The *Immigration and Nationality Act of 1952*, 66 *Statutes at Large* 163, codifies much previous Federal legislation and in pertinent part provides that the following shall be citizens of the United States at birth:

> "(1) a person born in the United States, and subject to the jurisdiction thereof; (2) a person born in the United States to a member of an Indian, Eskimo, Aleutian, or other aboriginal tribe: *Provided*, That the granting of citizenship under this subsection shall not in any manner impair or otherwise affect the right of such person to tribal or other property."

8 *United States Code Annotated* 1401; and see *Gassies* v. *Ballon*, 6 Peters 761 at page 762 (1832) holding that "A citizen of the United States residing in any State of the Union, is a citizen of that State." A major effect of citizenship has been to give individual Indians the right to participate in State-administered social service programs on the same basis as non-Indian citizens.

Restraints on Tribal Governments

Prior to the Congressional recognition of native-born Indians as citizens (1924), it was generally believed that tribal Indians on reservations were not protected from tyrannous tribal governments by the Federal or State Constitutions. After that time there was a developing recognition by courts of the constitutional protections available to Indians as citizens. Nevertheless, the Congress provided an *Indian Civil Rights Act* (1968) which restrains officials of tribal and reservation governments almost exactly as Federal and State government officials are restrained by the Bill of Rights (first ten amendments) in the *United States Constitution*. Punishments by tribal courts are limited to six months' imprisonment or fines of five hundred dollars, or both. Juries of six persons may be required. 25 USCA §1302. In Title VI of the Act (§1311) the Secretary of the Interior is to recommend to the Congress for enactment a model code to govern the administration of duties by courts of Indian Offenses on reservations:

> "Such codes shall include provisions which will (1) assure that any individual being tried for an offense by a Court of Indian Offenses shall have the same rights, privileges, and immunities under the United States Constitution as would be guaranteed any citizen of the United States being tried in Federal court for a similar offense, (2) assure that any individual being tried for an offense by a Court of Indian Offenses will be advised and made aware of his rights under the United States Constitution, and under any tribal constitution applicable to such individual, (3) establish proper qualification for the office of the judge of the court of Indian Offenses, and (4) provide for the establishing of educational classes for the training of judges of Courts of Indian Offenses."

These provisions apply only to the Courts of Indian Offenses, and not to other tribal courts which have their own codes under Indian tribal constitutions.

Who Is An Indian?

Today the tribal Indian is a citizen of the Nation and of the State in which he resides but is subject also to particular Federal, State and domestic tribal laws designed to protect not only his special rights to tribal property but his special rights to certain services and activities and his right to continue—if his tribe or band so chooses—in the way of life followed by his ancestors. However, there has been much confusion as to who is or is not an "Indian" for the purposes of various laws and court orders designed to assist Indians in retaining and utilizing those rights. Indeed, controversy has arisen recently in Denver with respect to which children are "Indians" within the meaning of a Federal court order exempting the children of "minority" groups from school busing requirements.

The tests for determining whether an individual is an Indian frequently vary with the particular statute, implementing regulations, treaty, or tribal ordinance. Many factors have been applied by legislatures (including tribal councils) and courts, including the factors of race (quantum of Indian blood or of ancestry in a particular tribe or "Nation"), residence, tribal membership (e.g., Mountain Utes, True Utes, etc.), and Federal or State recognition and recognition by the Indian community of one who claims to be an Indian. Conversely, it is possible for an individual, through renunciation of his tribal membership, to cease to be an "Indian" for the purposes of particular laws. *United States ex rel. Standing Bear* v. *Cook*, 25 Federal Cases, No. 14891 (1879). In some few instances a non-Indian individual may become an Indian for purposes of Federal law by adoption under tribal law into an Indian tribe after marriage to an Indian. *Nofire* v. *United States*, 164 U.S. 657 (1897). For purposes of some statutes administered by the Secretary of the Interior and Bureau of Indian Affairs a tribe may determine its membership by ordinance approved by the Secretary and Bureau. At all times, the Congress or its delegated agents has power to define or describe those persons who are to be regarded as lawful members of any particular tribe and entitled to enrollment therein. *Stephens* v. *Cherokee Nation*, 174 U.S. 445 (1899).

In some instances the Congress failed to define or describe the Indians that were the objects of its legislation, leaving this task, in effect, to the administrators of the statute. Thus, the Secretary of Health, Education, and Welfare and the Secretary of the Interior determined that the "Indians" who were entitled to receive the benefits of the *Snyder Act*, 25 United States Code, Section 13 (1921), were to be those Indians who resided on or near Indian reservations, despite the expressed Congressional purpose to authorize expenditures of Federal funds for the "benefit, care and assistance of Indians *throughout the United States.*" The interpretation of the Snyder Act by Federal officials was successfully challenged in *Ruiz* v. *Morton*, 402 F. 2d 818, affirmed on appeal in *Morton* v. *Ruiz*, Federal Case No. 72-1052 (1974), the court holding that assistance benefits must be made available to non-assimilated Indians regardless of residence.

Other Federal law of primary importance in defining "Indians" includes the *Indian Reorganization Act*, 25 U.S.C.A. §461 et seq. (1934), which says that Indians, for purposes of the statute, are—

> "...all persons of Indian descent who are members of any recognized Indian tribe now under Federal jurisdiction, and all persons who are descendants of such members who were, on June first, 1934, residing within the present boundaries of any Indian reservation, and shall further include all other persons of one-half or more Indian blood. ..." 25 U.S.C.A. §479.

However, regulations under the Johnson-O'Malley Act as amended, (25 U.S.C.A. §452-456) authorize the Federal Government to make:

> "Contracts ... entered into under the provisions of the Act ... with the authorities of any State for the education of *Indian children of one-fourth or more degree* [of] *Indian blood*, unless excepted by law ..." (Our emphasis.) 25 *Code of Federal Regulations* §33.4.

And the Federal Census Classifications of 1950 and later years is illustrative, in that "Indians" were counted under the following categories: Full bloods, mixed bloods enrolled on reservations or on Bureau of Indian Affairs rolls, quarter bloods, and Indians regarded as such in the communities in which they reside!

The Indian Health Service regulations for services to be rendered by Indian Health hospitals, clinics, or medical posts is loosely drawn to admit non-Indian wives of certain persons of "Indian descent:"

> "(1) Services will be made available, as medically indicated, to persons of Indian descent belonging to the Indian community served by the local facility and program, and non-Indian wives of such persons.
> (2) Generally, an individual can be regarded as within the scope of the Indian health and medical services program if he is regarded as Indian by the community in which he lives. ..." 42 *Code of Federal Regulations* §36.12(a).

The application of this regulation to exclude non-Indian husbands and children of Indians from services is regarded as illegal and void by the Office of the General Counsel, Department of Health, Education, and Welfare, on obvious grounds of sex and race discrimination. It needs revision.

The *Indian Elementary and Secondary School Assistance Act of 1972*, 20 *United States Code Annotated* §§241aa-241ff, and implementing regulations, contains the very broad definition allegedly favored by legal and sociological authorities at present:

> "Any individual living on or off a reservation, who: (a) is a member of a tribe, and/or other organized group of Indians, including those tribes, bands, or groups terminated since 1940 and those recognized now or in the future by the State in which they reside, or who is a descendant in the first or second degree of any such member," or (b) is considered by the Secretary of the Interior to be an Indian for any purpose, of (c) is an Aleut or other Alaska native." 45 *Code of Federal Regulations* §186.2.

And see also section 4 of Public Law 93-638 (1975): "(a) 'Indian' means a person who is a member of an Indian tribe."

As was previously mentioned herein, a classification of Indians which includes non-Indian wives but excludes non-Indian husbands and children from the benefits of publicly-financed programs is probably void as a violation of the equal protection clause of the Federal Constitution. On the other hand, since Indian programs are created in furtherance of the National duty to protect aboriginal tribes, or in furtherance of treaties, or are sanctioned by the commerce clause of the Constitution, it is generally held that programs designed to assist Indians as such are not in violation of the fifth amendment to the Constitution even though authorized by Congress *prima facie* on the seemingly impermissible basis or classification of "race". Thus, in *Morton* v. *Mancari*, 41 L. Ed. 2d 290 (June 17, 1974), the *Indian Preference Act*, 25 United States Code Anno., §472, requiring that "indians" be given preference in hiring in filling positions in Federal programs serving Indians, was upheld by the Supreme Court as being based on Congress' unique obligations to (1) give Indians greater participation in their own self-government; (2) to further the Government's obligations to carry out its trust responsibilities towards tribes; and (3) to reduce the negative effect of non-Indian administration of Indian affairs, rather than being based on the "race" of Indians.

The Court took the view that *the classification* "Indians" *was rather political than racial*, and designed to make the Bureau of Indian Affairs (and, inferentially, the Indian Health programs) more responsive to the needs of Indian groups.

The duty to protect or assist Indians remains as the accepted legal basis for several Federal statutes which otherwise appear to make classifications based on race. For example, Federal criminal jurisdiction extends to reservation territory and to the acts of non-Indians within such territory but leaves jurisdiction over offenses by Indians against Indians to tribal courts, which distinction has been described by the U.S. Supreme Court as being based on race. *United States* v. *Rogers*, 45 U.S. 567 (1846); and see also *United States* v. *Kagama*, supra, and the following sections of the Federal Code: 25 United States Code §§44, 46, 66, 181, 194 and 47. Of course, today there is little question but that the rationale adopted by courts in former generations, that the greater percentage of Indian blood possessed by an allottee of Indian land, the less capable he is by "natural qualification" to manage his property, would not be used today to justify any Federal program for Indians as such. Compare, e.g., *United States* v. *Shock*, 187 Fed. 862 (1911) and *United States* v. *Waller*, 243 U.S. 452 (1917) with *Morton* v. *Mancari*, supra. It is suggested that revision of some statutes to redefine the term "Indian" to eliminate the connotation of race might eliminate the qualms felt by some courts in passing upon the constitutional basis for assistance to Indians.

Domestic Laws of Tribes

At present, the Indian who is a member of a tribe or reservation that has not accepted State jurisdiction is governed in his domestic affairs by his tribal (or reservation) law. Tribal law is composed of ordinances adopted by the tribe (if an organized tribe) or is composed of the customs of the tribe. The Anglo-Saxon common law is not a part of tribal law. *Ex parte Tiger*, 41 Southwestern 304 (1908). Both State and Federal courts look to the provisions of particular tribal laws in matters of descent and distribution of property, legitimacy of children, and marriage and divorce. So also does the Social Security Administration in determining family status; that is, in determining the relationship of Indian claimants to insured wage earners.

Tribal Governments may define and punish the commission of offenses (the punishment is limited by Federal statute) by Indians on tribal (reservation) lands, so long as the tribal ordinance is not repugnant to Federal statutes or treaties. *Talton* v. *Mayes*, 163 U.S. 376 (1896). They may levy sales and other taxes. *Iron Crow* v. *Oglala Sioux Tribe of Pine Ridge Reservation*, (8th Cir., 1965), 231 F.2d 89. Tribal governments are recognized in most Federal programs as being "general purpose" governments analogous to municipal corporations. The *Indian Self-Determination Act*, Public Law 93-638.

There are now four court systems applicable to individual Indians: (1) Courts of Indian Offenses; (2) United States District Courts (for major crimes); (3) Tribal Courts, for lesser crimes and adjudication of most domestic civil matters and, (4) in some instances, State courts. Ordinarily, however, civil jurisdiction of State courts over causes of action occurring on reservation lands exists, but is limited to actions by and against non-Indians. *Longford* v. *Monteith*, 102 U.S. 145 (1880); and see *Williams* v. *Lee*, 358 U.S. 217. If national policy is to encourage the development of Indian self-government, tribal courts must be made to meet standards of excellence attained by State courts, an appellate system devised for such courts, and recognition of tribal court actions by State governments should be authorized.

Although the Indian Civil Rights Act, supra, extends the provisions of the Bill of Rights in the Federal Constitution to individual Indians, as protection against tyrannical acts by Indian Tribal governments, other protections contained in the Constitution relating to elections (right to hold office; "one man, one vote"), taking of property without compensation, etc., could be extended to tribal governments also. Cf. *Motah* v. *United States*, (10th Cir., 1968) 402 F.2d 1, and *Beyer* v. *Shoshone-Bannock Indian Tribes*, (Idaho, 1968) 441 P. 2d 167.

HEW Health Programs for Tribal Indians

Discussion of particular health problems of Indians, such as treatment of alcoholism and tuberculosis, etc., is made elsewhere by the Task Force. The enactment of the *Snyder Act, 25 United States Code* §13, authorized the appropriation of Federal funds for expenditure through the Bureau of Indian Affairs to provide for the "benefit, care and assistance of Indians throughout the

United States for. . .relief of distressed and conservation of health." The Bureau also was authorized to expend monies for the extension, improvement, operation, and maintenance of existing Indian irrigation systems and for development of water supplies. Those functions and responsibilities relating to health care and water and sewage systems were transferred to HEW in 1954. 42 U.S.C. §2001 et seq. Section 2001 provided for the transfer to HEW of all hospital and health facilities for Indians. In line with the current Federal attempt to encourage the development of health maintenance organizations and to encourage tribal self-reliance, this section of the statute was amended in 1973 to provide for the development of health services to Indians on a fee for service basis or on a prepayment plan. Section 2002 provides that HEW can transfer Indian Health facilities to States, other political subdivisions or private nonprofit corporations provided that the tribe or tribes affected consent to the transfer, that Indian health needs be given priority, and that the Federal Government may reassume management if the transferee fails to meet Federal standards of care.

Section 2004a authorizes the Surgeon General of the Public Health Service (now Secretary of HEW) to "construct, improve, extend or otherwise provide and maintain by contract or otherwise essential sanitation facilities, including domestic and community water supplies and facilities, drainage facilities, and sewage --and waste—facilities, together with necessary appurtenances and fixtures, for Indian homes, communities and land. . ." Section 2005 authorizes financial assistance to public or nonprofit agencies for the construction of health facilities for Indians.

At present the Indian Health Service, where convenient, contracts with hospitals for the care of Indian beneficiaries. The service pays for the total cost of hospitalization, except where (a) the patient is entitled to such care at State expense as a welfare patient, or (b) is the beneficiary of an insurance policy. In both instances the patient is asked to apply for the benefits to which he is entitled and the Indian Health Service asks the contracting hospital to bill the service for the difference between the benefit and the larger contract price, if any. A third factor in payment of medical care for Indians is the recoveries from tort feasors of the costs of such care, as authorized under the Federal Medical Care Recovery Act, 42 *United States Code* §2651 et seq. The Government has an independent right under the Act to recover the costs of caring for insured Indians, including recoveries from insurance companies, which many Indians resent as taking away a portion of funds that the individual hopes to retain for himself. Enforcement of recoveries by HEW and Department of Justice attorneys is further complicated by the need to apply the laws of the various States, rather than single standards of negligence and of fellow-passenger liability, in determining the legal responsibility of individuals (or their sureties) to repay the Government.

Preferential hiring of Indians on health care center construction projects financed by HEW, which are located in or near Indian lands, is authorized by the *"Buy Indian Act,"* 25 United States Code Anno., 47 and is expressly permitted by Title VII of the Federal Civil Rights Act §703(i). Opinion, *Statutory Authority for Preferential Hiring of Native Americans* (*etc*), Levy to King, Deputy Director OCR, January 8, 1973.

Indians who are over age 64 are entitled to the medical care provided under Title XVIII of the Social Security Act; however, the Indian Health Service may pay for coinsurance premiums and deductible amounts if its contract with a private hospital so requires. *Health Insurance for the Aged*, Para. A, Intermediary Manual, section 3153.4E.

Although the Snyder Act provides authorization for purchasing health service for all Indians, there has never been enough money appropriated by the Congress to service all Indians. Therefore, it has been administratively decided that services would be provided mainly for tribal Indians who live on or near a reservation. However, there are isolated examples of health services provided to Indians in places other than reservations. For instance, in Seattle there is a health clinic for Indians which is funded by the Washington State Department of Health and HEW. And at present Indian Health medical facilities providing what is termed "direct care" will treat any Indian who presents himself regardless of where he lives. The IHS also contracts with other hospital facilities to treat Indians and these contracts give priority to treatment of reservation Indians.

Recently (January, 1975) the Congress has enacted the *Indian Self-Determination Act* (P.L. 93-638) to authorize contracts with tribal governments to perform health services. This does not make additional funds available to HEW and the tribes but is designed to channel such health funds as are available into the hands of tribal governments, where feasible.

The water and sanitation facilities constructed and maintained by HEW funds, go into new and improved homes provided by BIA, HUD, and tribal housing authorities. The tribes are encouraged to participate in projects by furnishing labor as well as money.

25 *United States Code* §231, provides that the Secretary of the Interior shall permit agents and employees of any State to enter upon Indian Tribal lands, reservations, or allotments therein for the purposes of inspecting health and educational conditions, enforcing sanitary and quarantine regulations, and enforcing State compulsory school attendance laws. This statute, which is in some derogation of the concept of tribal sovereignty, has been used principally in enforcing school attendance off the reservation lands.

Indian Education

Originally, the only teachers on reservations who were not Indians were missionaries. The Federal Government often agreed in treaties to provide the Indians with teachers, but for many years the Indians carried on the teaching functions themselves. In 1878 the Bureau of Indian Affairs established off-reservation boarding schools for Indian children. In 1882 abandoned military posts were turned over to the Department of the Interior to serve as school houses. In 1921 the *Snyder Act* authorized the Bureau of Indian Affairs to expend appropriated funds for the "general support in civilization, including education" of the Indians. The 1934 *Johnson-O'Malley Act*, 25 USCA §452, authorized the Secretary of the Interior to enter into contracts with the States, State Universities, or private corporations, for the education, medical attention, agricultural assistance, and social welfare, including relief of distress of Indians in the State. Also in 1934, the Indian Reorganization Act authorized loans to Indians for payment of tuition and other expenses in recognized vocational and training schools.

In 1950, Congress passed Public Law 81-815, 20 *United States Code* §§631-647, (Regulations—45 *Code of Federal Regulations* §§114.1 et seq.). This provides for the payment of funds to local education agencies for the construction of school facilities in Federally-impacted areas. For the purposes of the Act, Federal property included real property held in trust by the United States for individual Indians or Indian tribes which was subject to restrictions on alienation imposed by the United States. The Act was to be administered by the Commissioner of Education. Later that year Public Law 874, 20 *United States Code* §236-241, 242-254, provided for financial aid to educational agencies in areas affected by Federal activities. Again property held in trust by the United States for individual Indians or tribes which was subject to restrictions on alienation imposed by the United States was termed Federal property for the purposes of this Act.

The *Elementary and Secondary Education Act* of 1965 also affects Indians. Title I of the Act applies to Bureau of Indian Affairs Schools, 20 United States Code Anno. §241a. Title VII of the Act now codified at 20 United States Code §880b et seq., especially §880b-3a, concerning bilingual programs, authorizes payment to those Indian organizations and BIA schools that can be considered to be local educational agencies. In 1972 the Congress passed the *Indian Elementary and Secondary School Assistance Act*, Public Law 92-318, 20 United States Code, §241aa-241ff; Regulations—45 *Code of Federal Regulations*, Parts 186, 187. The Act provides for grants to local education agencies to develop educational programs designed to meet the special educational needs of Indians. It is designed to reach all Indians and, in order for an agency to be eligible for a grant, it must have at least ten Indians to service. Both the *Indian Preference Act*, supra and the regulations call for preference in hiring Indians to administer the program, demonstration projects, and the training of personnel. 20 *United States Code* §1211a; 45 Code of Federal Regulations, Part 188, provide financial assistance for the improvement of educational opportunities for adult Indians.

Most important in recent Congressional enactments is the Indian Education Assistance Act, Public Law 93-638, Title II, which requires the participation of Indian parents in advisory committees to school boards, authorizes reimbursement of school districts, construction of Indian schools, development of Indian community colleges, etc.

Welfare Payments for Indians

The Social Security Act prohibits States from denying public assistance to any U.S. citizen. Since Indians were citizens when the Act was passed, and Indians are included in State population figures for the calculation of several matching funds, States are prohibited from denying welfare payments and services to Indians. In *Arizona* v. *Hobby*, 221 F.2d 498 (1954), the appellate court ruled that the appellant had no jurisdiction since the United States had not consented to suit, thereby upholding a Federal Security Agency ruling that Arizona could not exclude reservation Indians from State welfare payments. The Social Security Administration had ruled that this restriction imposed an invalid residency requirement, prohibited by the regulations, affecting the State's entitlement to matching funds for aid to the permanently and totally disabled.

The Bureau of Indian Affairs also administers a general assistance program, calling for direct payments to needy Indian recipients. States have in the past often included BIA payments in the calculation of resources available to Indians, thereby denying Indians any share in State welfare benefits. This position is eroding under court decisions such as *Acosta* v. *San Diego County*, 227 P.2d 92 (1954), supra, where the California Court of Appeals held that, since Indians living on reservations in California are citizens of the State, the State is required by the privileges and immunities clause of the Fourteenth Amendment to include Indians in its county relief programs.

Resistance by States to Provision of Social Services

Where there is no State jurisdiction over tribal Indians on Indian lands,* State governments tend to reject claims upon them for State-administered social services, even though Indians are recognized as citizens of the State and exercise the right to vote in State elections. A principal basis for State governmental intransigence is the inability of the State and its counties to levy and collect land, sales, and income taxes within Indian reservations, or to assess and collect the costs of social services from tribal governments as the State usually does from its county governments. In *County of Fall River. . . and Grace Bad Bear* v. *Fall River County Subcommission for the Mentally Retarded*, 7th Judicial Cir., South Dakota, November 16, 1973, for example, the State of South Dakota took the position that a retarded child from an unincorporated county (which contained the Pine Ridge Sioux Reservation) had no legal-administrative vehicle for obtaining care in the State institution for the mentally retarded. The South Dakota Supreme Court rejected the argument that the absence of a financially responsible governmental entity** prevented a citizen from obtaining State services otherwise available for mentally retarded citizens.

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*In some instances State courts have held that States have no jurisdiction over anyone or anything on tribal lands.

In Montana a community mental health facility has attempted to charge the Indian Health Service for services to reservation Indians. Similarly, a school district's attempted refusal to furnish grammar school instruction to Indian children on the ground (inter alia) that the parents of the children paid no land taxes was not legally acceptable (the case was adjusted without resort to a lawsuit through the provision of other temporary Federal financial assistance). At times Idaho, Montana, North and South Dakota and Wyoming have resisted the provision of institutional care to Indian citizens in the absence of Federal promises to pay therefor, although the Indian was entitled to care on the same basis as other poor citizens. However, although State efforts to avoid the financial burdens of public assistance to and social services for Indians have been denied by courts, efforts to extend State programs of social services to tribal Indians living on reservations on some occasions have been prevented by State legal officers and by administrators where tribes have not accepted State civil and criminal jurisdiction. The State actions have largely been negative, in refusing to license Indian foster homes, refusing to extend the benefits of the State's juvenile delinquency laws to Indians, insistence on counting theoretical or nonexistent resources as available to Indians, etc.

As previously noted, the tribal Indian residing on a reservation today is a citizen of the State in which his home is located and is entitled, as such citizen, to all of the rights and privileges accorded to non-Indian citizens. *Harrison* v. *Laveen*, (Arizona, 1948) 196 P.2d 456; *Acosta* v. *San Diego County*, (California, 1954) 272 P.2d 92. This has caused some conflicts between Federal and State program administrators. The Federal Social Security Act requires administration of public assistance and social services programs by agencies of State Governments under State plans that must be effective in all "political subdivisions of the State." Although reservations and their governments are generally not regarded as political subdivisions *of States*, social services furnished to disadvantaged non-Indian citizens off the reservations may not be denied to disadvantaged Indian citizens merely because of residence on reservations.

The Public Health Service Indian medical care programs are regarded by the Department of Health, Education, and Welfare, through agreement between the Public Health Service and Social and Rehabilitation Services Administration, as "residual" resource programs in that, where possible, the impoverished Indian beneficiary is encouraged to assert his right to health services provided to other impoverished citizens by State and local Governments, such as institutional care, before requesting those services from Indian Health. However, States as yet rely upon the statutory requirements in the Social Security Act that "income and resources" of applicants for welfare benefits be taken into account in establishing need for such services, and often insist that Indian health services are a resource that must be exhausted before the Indian can be eligible for Medicaid. States also often provide by statute for billing the Federal Government for State services to Indians, although the same services are provided without charge to impoverished non-Indians. In other situations the State or local (county) government will refuse to act, as where seriously ill Indians are not committed to State or local mental health facilities by county judges because of the expense to the county, but are left in the local jail or are sent back to the reservation.

Since the principal reason for State unwillingness to provide social services to Indians is fiscal, at most sessions of the Congress bills are introduced to require the Federal government to pay all, instead of a portion, of the cost of social services programs serving tribal Indians. This proposal is not illogical, since the Federal Government through the Department of the Interior administers general assistance programs on reservations under the Snyder Act (supra) and this Department administers health care to Indians on and off reservations.

Policy Considerations

A basic policy question presented to the Department is whether Tribal governments should be encouraged and assisted to assume functions heretofore administered by, or under the supervision of, State Governments. In the past the Department has encouraged the development of responsible Tribal governments by cooperating and consulting with them in jointly-administered endeavors, and by encouraging the recognition by States of the acts of Tribal councils and courts. Simultaneously, however, the Department has encouraged individual Indians to assert their rights (as citizens) to receive State services and—for example—has declined to contract with States for the institutional health care of impoverished Indian citizens where non-Indians would receive such care without charge. The Department also has insisted that State welfare services be made available to Tribal Indians on the same basis as to non-Indians.

Many State government officials resent the fiscal burdens imposed by the need to assist Tribal Indians and, buttressed by court decisions affirming the total lack of State civil and criminal jurisdiction over (most) reservations, have begun to assert their legal inability to provide social services to Indians on reservations. The Congressional delegations from the northern tier of States in this region (Montana and North and South Dakota) have recently (and thus far unsuccessfully)

**The State ignored the offer to pay all of Bad Bear's expenses, made by the Bureau of Indian Affairs. The Indian Health Service has declined to continue payments for State institutional care of Indians.

sponsored proposed Federal legislation which would require the Federal Government to pay all expenses of social services for Indians on reservations.

At the same time some tribes, and notably the Navajo, desire to administer all social welfare programs themselves, including imposition of uniform standards throughout tribal Indian lands without reference to State programs, standards, or boundaries. Consequently, the Tribal governments, desiring to increase their autonomy and jurisdiction over their various domains and to furnish social services to their members, and State governments, desiring to avoid responsibilities for the administration of expensive social services programs on reservations, are beginning to take steps to pressure the Federal Government to finance the evolution of reservation governments into autonomous political units.

The health care programs sponsored by the Department also may be administered in the future by the tribes or by the health maintenance organizations operated by tribal units. The creation of school programs on reservations which take Indian cultural needs into account is another factor which can be used to support the concept of Indian self-government on reservations. The policy question presented, therefore, is whether at this time the Department should support the further evolution of responsible autonomous governments on reservations or whether renewed emphasis should be given to the continued use of State government as the only acceptable supervisory administrative vehicle for social service programs. Resolution of this question will become increasingly urgent, as Indian leadership becomes both increasingly knowledgeable about governing and the provision of services, and more clamorous with respect to the development of political and economic enclaves. Of course, the evolution of Tribal governments as entities having powers and responsibilities similar to those of States or territories will require the assistance of the Congress and, perhaps, the consent of some States. Also, such a development will require modifications of present Federal statutes administered by the Department, especially those like the Social Security and Public Health Acts that call for administration throughout all of the political subdivisions of the State by a single State agency. Modification, perhaps, of the Department's position in the Indian health area that States must assume their responsibilities for all citizens who are similarly situated economically, regardless of Tribal affiliation, may also need to be considered, if the Congress should fully fund all social services on reservations in lieu of services supplied by States to disadvantaged citizens.

Urban Indians

In recent years there have been persistent and increasing demands, led by a President of the United States in a State of the Union message, for programs to assist urban Indians, that is, Indians who reside in or are passing through cities and towns. These Indians have proven to be largely uninformed concerning the range of health, welfare, and rehabilitation services available to them in their urban habitat. Consequently, a number of proposals have been made, each of which envisages either special programs of assistance to Indians in the cities because they are Indians, or the creation of Indian centers where assistance can be obtained promptly by those in need thereof. Such centers exist in a few cities, notably Seattle and Denver.

The principal legal barrier to special programs of assistance for Indians who live in cities and who have lost their tribal affiliations may be the Constitution of the United States. Once the Indian has abandoned his ties with his tribe and its ways, he must be treated as any other indigent person who is similarly situated, regardless of his race. This same objection, of course, is proving to be a stumbling block to proposed special programs designed to help other minorities, as such, since those programs appear to be founded upon distinctions of race or color. Where the Indian has retained his tribal affiliations, on the other hand, he remains a potential beneficiary of the Snyder Act.

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— ORGANIZED 1971 —

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*in 1976 (Ed.)

FOREWORD

These are exciting but critical times for Indians in the United States in terms of the present and the future. Identification of Indian situations and expressions of what Indians want their life to be have become enmeshed in popular movements of contemporary America. This frequently obscures what Indians really want, what they really want their future to be, and how this is to be accomplished.

The United States Government has extended a legal and moral commitment to a special segment of this country's Indian populations. President Richard M. Nixon, in his now historic message to the Congress, July 8, 1970, reaffirmed this commitment for all of the Federal Government. In that message, the President expressed the principles of self-determination and consultation for the Federally Recognized Indian. For the first time in history, this placed a responsibility upon Indian leadership to articulate what that leadership desired the Indian destiny to be and to provide the basis for consultation.

The *National Tribal Chairmen's Association* is comprised of leaders of Federally Recognized Tribal Governments. The accompanying position paper represents what the elected Indian leadership believes is needed to consummate the longstanding relationship of the United States of America with the Federally Recognized Tribal Governments. It establishes priorities and objectives both for the Federal Government and the Indian. It provides the initial basis for a dynamic and vital relationship, recognizing the need for amendments and modifications as necessitated by changing conditions and by time. It is to this principle and the promise of a better future for the American Indian that this paper is dedicated.

Robert E. Lewis
President, NTCA

February 1974

THE POSITION OF THE NATIONAL TRIBAL CHAIRMEN'S ASSOCIATION

It is time for the legally constituted reservations and other Federally recognized governments of Indian Tribes elected by democratic processes, so sacred to all segments of society, to speak out for their tribal members and exercise their legal and rightful leadership role. Tribal officials should now ask the Federal Government, the Congress of the United States, and State and local governments to decide what consideration they will give to the elected representative voice of the Indian people. The *National Tribal Chairmen's Association* wants to know now if the people in all levels and all branches of government are going to be responsive to the elected tribal leaders as the official spokesmen for Indian tribes.

The *National Tribal Chairmen's Association* believes it to be morally wrong when resources are provided by anyone to a small minority to impose its will upon the majority, which the elected officials represent. It is wrong to expect elected officials to follow the will of anyone except the people they represent and who elected them. This wrong covers issues which enjoy the majority of community support for decisions made by their elected officials.

The *National Tribal Chairmen's Association* calls upon the states and local governments to concern themselves with Indian-identified needs as their responsibility, especially where funds are being received by these units of government for the purpose of meeting Indian needs.

The *National Tribal Chairmen's Association* welcomes and appreciates the cooperation and support of everyone who has the welfare of Indian people at heart in its effort to secure self-determination and sovereignty for Indian people, which is the purpose of this paper.

From this general but important position, the *National Tribal Chairmen's Association* can then move in more specific ways:

I. Delivery of Services to Indian Tribal Members

The commitment of the Federal Government to provide normal community services to Indian tribal members is and must remain a continuous one. The delivery of these services has been provided historically by employees of the Federal Government. Since 1834 various acts of Congress have been adopted but have never been fully implemented to allow alternative ways to deliver these services.

The *National Tribal Chairmen's Association* proposes that the commitment of the Federal Government for normal community services to Indian communities be implemented by providing the necessary and adequate financial resources. These resources should be made available to Tribal Governments, organizations, or individuals chartered or licensed by them. Such services should be delivered directly to the Indian people by a system sanctioned by these Tribal Governments.

If this approach were accepted, the major service functions of the Bureau of Indian Affairs would be to channel funds to the tribes for the delivery of services, to provide technical assistance and advice when requested, and to monitor the delivery system. One way that this could be handled in a practical manner is to transfer the delivery system to the Tribal Governments on a gradual basis, as positions become vacant. This would avoid, in large measure, adverse effects on employees with civil service status. The BIA would then be able to focus its full attention and resources on the main thrust of the Federal Government's responsibility, which is the **Trust Responsibility for Indian-Owned Natural Resources.**

It is apparent to the *National Tribal Chairmen's Association* that an ever-increasing number of organizations are being funded to provide services on an unprecedented scale to Indians. This distorts those resources and causes duplication of services. These programs must be brought into focus and managed to maximize benefits to Indian people. The *National Tribal Chairmen's Association* supports sincere efforts to assist Indian people in both the Indian communities and in the urban areas, but there needs to be coordination with elected Indian officials and Tribal Governments on all of the proposals being funded in the name of Indians.

As Federal Policy requires any organization, including Indian Tribes and communities, to submit their proposals for Federal funding to State Planning Agencies for approval, the *National Tribal Chairmen's Association* proposes:

(a) All proposals for Federal funding of programs affecting one tribe must be endorsed or approved by the elected Tribal Government of the tribe affected, or

(b) In case more than one tribe is affected, by the duly authorized representatives of those tribes.

The endorsement or approval of proposals for Federal funding by local Tribal Councils or their duly authorized representatives will provide the needed coordination and required approval by the Tribal Governments before funds are made available and programs are started.

II. Appropriate Exercise of Tribal Government Function

Tribal Governments, to whom have been delegated the inherent sovereignty of tribes, have all of the powers of other local governments. This power includes, but is not limited to, police power and the power to tax to raise revenues for the government to function. The assertion of tribal sovereignty includes territorial jurisdiction over the reservation and over all persons within it. It means the tribal council should be able to govern the Indian reservations just as states govern the territory over which they have jurisdiction. No longer will Tribal Governments accept administrative restrictions on their governmental authority, because Congress has guaranteed the sovereign and inherent powers of the tribe, and only Congress has guaranteed the sovereign and inherent powers of the tribe, and only Congress can restrict these powers.

III. Appropriations For Indian Programs

The *National Tribal Chairmen's Association* directs the Congress to place a high priority on appropriations for purposes of carrying out the trust responsibility as follows, to wit:

(1) For the delivery of services to Indian people.
(2) For development and enhancement of the economic base for Indian tribal society.
(3) To protect Indian-owned natural resources.

The *National Tribal Chairmen's Association* recommends that hearings by Congress, Executive Agencies, and Commissions be held upon request of the affected Tribal Governments. It is now time for Congress, the Executive Agencies, and Commissions to show their good faith by providing funds for existing programs at an adequate level to meet the Indian needs, which are well documented and which are already on file in the Congress, with the Executive Agencies, and with the several Commissions. However, Tribal Governments should be notified and meaningful consultation held on any Federal plans prior to their authorization, execution, or implementation.

The *National Tribal Chairmen's Association* stands ready and willing to help the agencies of the Federal Government establish the needs for appropriation of funds from the Congress and help establish priority of Indian needs. Furthermore, once appropriations are made, in whatever amount, the Federal agencies must work with Tribal Governments to allocate the funds on a priority basis upon which they were justified. The Tribal Governments must be provided the resources to evaluate programs for Indians funded by the Federal Government.

IV. Federal Administration of Indian Programs

Self-determination will become a real and sincere effort when the Federal Government gets back to the business at hand of providing adequate support and resources for programs as determined by Indian Tribes. The *National Tribal Chairmen's Association* recommends that the Federal Government recognize that the line-staff concept in public administration is well accepted and should not be changed to any great degree. The Federal Government should quit "horsing" around with realignment and get down to the business of delivery of services and protection of Indian-owned natural resources.

The Federal Government is presently involving states and other units of government in the development of broad plans and programs. It must also involve the representatives of Tribal Governments in the development of plans and programs affecting Indians of Federally recognized tribes. Tribes are in a unique position when it comes to government programs, because the Federal Government does not have the same commitment to states and counties that it has to Indian Tribes. A number of Federal agencies have established Indian Desks, commissions, and similar planning groups. In order to make the programs of these agencies fully cognizant and responsive to Indian needs, it is essential that there be broad Indian representation on these various commissions, particularly in the area of Indian resources.

V. Trust Responsibilities

The Number One priority of the *National Tribal Chairmen's Association* is the protection of Indian-owned natural resources for which the Federal Government has a trust responsibility and to which it has a moral and legal commitment. It is recommended then that the Congress, through its authority, and the Federal agencies, through their programs and appropriated funds, now emphasize the protection of our natural resources.

The Federal Government, through the Bureau of Indian Affairs, as trustee, should place greater emphasis on its protection guarantees and leave more of the management functions to the Indian owners of these natural resources. This is consistent with the present Administration's doctrine of self-determination.

It is imperative that the Federal Government:

(a) Secure and protect Indian-owned natural resources for its owners.
(b) Not equate these resources with the public domain.
(c) Protect them from exploitation.
(d) Not proscribe public interest in the Indian-owned natural resources; for the Federal Government to do otherwise would be inimical to the concept of self-determination.
(e) The Federal Government, through its judicial system, should now reassert its jurisdiction over legal issues which arise relative to Indian trust lands and resources.

The Federal Government's trust responsibilities are threefold:

First, there is a special relationship derived from the Constitution of the United States, various treaties, and statutes of the United States which recognizes tribal sovereignty. There is a trust responsibility in the United States to protect this sovereignty of Indian tribes, so there is no further erosion of tribal sovereignty and tribes are supported in their efforts to enhance this sovereignty.

Second, the trust responsibility of the United States should emphasize the protection of tribal assets and allow the Indian owners to assume a major role in the management of their funds and natural resources. The trustee should spend less time protecting them from outside interests, including the Federal Government itself.

And third, flowing from the above, there is a trust responsibility for providing the means by which the tribes can provide community services to members of the reservation communities.

Inherent in the protection of Indian assets, in accordance with the trust responsibilities of the United States, is an obligation to fully, vigorously, and without reservation, advocate the position of Indian Tribes when their assets are threatened, no matter what the source of the threat. In order to do this, the responsible government officials of the United States must be fully charged with this responsibility and must be freed of any constraints on full and vigorous advocacy. The efforts of the Federal Government to eliminate or minimize the conflict of interest are laudable. However, everything that could be done to eliminate or minimize the conflict of interest under existing law has not been done.

Concerning the point made above about allowing Indian owners opportunity to assume a major role in the management of their property, the *National Tribal Chairmen's Association* recommends that Federal regulations and the BIA manual be revised on a reservation-by-reservation basis, so that the regulations and the manual of procedures are tailor-made to fit the needs of the particular reservation. The regulations could then be adopted by the tribe as a tribal code and implemented under the sovereignty of the tribes. These regulations will be approved by the Secretary for the necessary support by the United States. Development of regulations and manuals of procedures on a tailor-made basis may lead to discovery by the tribes of the need for a change in Federal law, which then would be sought.

One further point needs to be made concerning the trust responsibility as to tribal assets. There is a need to get a clear understanding on the part of the United States, not just the Department of the Interior, that Indian assets held in trust are not assets of the public. This should lead to the premise that the trust responsibilities to Indians are such that their interests are not to be subordinated in the name and emotion of some particular good of society for the moment.

The trust responsibility is the same as in any other trust and, as has been stated, includes, among other things, the duty on the part of the trustee to give full disclosure of information regarding the trust assets to the beneficiary. In order to fully implement this full disclosure and avoid the many instances in the past where the United States Government has taken action on behalf of the general public which adversely affects its trust responsibility for the property of Indian Tribes without full notification to, or consultation with, the tribes, it is suggested that the President of the United States by Executive Order require that any agency of the United States Government which plans to take any unilateral action which would affect the trust property of any Indian Tribe in any way must file an Indian Rights Impact Statement. This statement would be similar to the statement required under the National Environmental Protection Act and would be distributed to the Indian Tribe affected, the Department of the Interior, and any other governmental agency affected. It should include a complete analysis of the effect on the Indian trust property as well as an analysis of alternative methods of reaching the same goal. Such Indian Rights Impact Statement would not relieve the United States of any of its trust responsibility, but would be designed to more fully discharge this responsibility.

The primary responsibility of the trustee should be to spend more time and energy protecting Indian-owned natural resources from other parties. It also means that the trustee must act in any adversary role to those parties whose possession and control of property may be in conflict with Indian rights, even as this applies to the United States itself.

VI. Indian Tribes and Their Future

Recognition of the sovereignty of Indian Tribes, trust protection of their natural resources, responsibility for a sound Indian economy, and delivery of community services on the part of the Federal Government must continue. It is recognized that some internal changes within the tribal structure may be necessary to accommodate changing events in the Indian communities. These changes would be contemplated to facilitate the role of Tribal Government in the management of their natural resources for the maximum benefit of their members.

The tribal governmental role must be exercised through processes which ensure continuous assertion of tribal sovereignty and extend equal rights to all tribal members. The Tribal Government will conduct its business of government and management for the best interest of its members. Tribes must be ever watchful and alert to attempts at erosion of the Tribal Government decision-making process, both from without and within.

Tribal Governments must be prepared to face the reality of the future and to deal with these realities in a practical and statesmanlike manner. The Indian society must meet the challenges of the future and of survival with new methods, when past methods no longer serve the purpose.

Tribal leaders of the past have protected Indian society and it is to their credit that Indian society survives today. For this, all Indians should be grateful. The future survival of Indian society, however, depends upon its ability to protect itself into the future. The development of our youth as tribal leaders and their response to the challenges of the future will determine the ultimate destiny of our society. They are the future hope, and it is to them that the present tribal leaders eventually will pass on the mantle of leadership and, with it, the responsibility for protection of Indian-owned natural resources and of Indian society itself.

As Indian Tribes face the future, the *National Tribal Chairmen's Association* advocates strong, meaningful training programs to enable Indian leaders to deal with the future, not only in terms of policy decisions, but in terms of the technical knowledge needed to implement the decisions, especially as they relate to the field of Indian-owned natural resources.

It is important therefore that Indian youth be encouraged to select fields of training so that they will be equipped with the technical knowledge to protect and manage these resources necessary for the survival of Indian society.

EPILOGUE

The *National Tribal Chairmen's Association* is committed to the progress of Indian tribal society and the protection of Indian-owned natural resources. To this end, the Association expects the Federal Government to honor its commitments to the American Indians in the tribal context. It expects all others who make a commitment to Indians to do the same, because Indian identity is based on tribal culture, traditions, and history.

Indian Tribes must endure forever, and that is what it is all about.

This position paper, in the present form, was finalized by the Board of Directors of NTCA on February 9, 1974. The position paper considered in draft form by the Second Annual Convention, December 1973, had been redrafted and unanimously adopted in principle by the convention. Member tribes were extended a period of time in which to offer modifications.

EXACT COPY

NATIONAL TRIBAL CHAIRMEN'S ASSOCIATION

Suite 207 1701 Pennsylvania Avenue, N.W. Washington, D.C. 20006
202 – 343-9484

NATIONAL TRIBAL CHAIRMEN'S ASSOCIATION

RESOLUTION

No. *6/77-8*

WHEREAS, the various states have never demonstrated the ability to deliver services to the Indian population nor have they ever demonstrated any affirmative direction to provide services; and

WHEREAS, Indian tribes are often excluded or assigned lowest priority by state and area agencies; and

WHEREAS, the 1975 amendments to the Older American Act did not measurably improve the conditions for direct funding of Indian tribes;

NOW THEREFORE BE IT RESOLVED, that the National Tribal Chairmen's Association commends and supports the National Indian Council on Aging in its attempt to amend the Older American Act to provide for direct funding to Indian tribes.

CERTIFICATION

It is hereby certified by the undersigned that the foregoing Resolution was adopted by the Board of Directors of the National Tribal Chairmen's Association in a duly constituted meeting on the *22nd* day of June, 1977, at which meeting there was a quorum present and a majority of the Board members voting.

/s/ Paul Tafoya
VICE-PRESIDENT

ATTEST:

/s/ Terald H. Goodwin
SECRETARY

NATIONAL TRIBAL CHAIRMEN'S ASSOCIATION

Suite 207 1701 Pennsylvania Avenue, N.W. Washington, D.C. 20006
202 – 343-9484

January 5, 1978

Ms. Juana P. Lyon
Executive Director
National Indian Council on Aging
P. O. Box 2088
Albuquerque, New Mexico 87103

Dear Juana:

Thank you for sending me a copy of "The Indian Elder—A Forgotten American"—the draft Final Report on the First National Indian Conference on Aging. It is excellently done, and I believe contains a comprehensive description of the issues confronting our Indian elderly. Without doubt, I am confident the National Indian Council on Aging will pursue vigorously the solutions to these issues. Please transmit to all NTCA members the final report when it is printed.

Please extend my sincere appreciation to all who have had a hand in making this project a success.

With best wishes,

/s/ William Youpee

WY/kb

34th Annual Convention of the
National Congress of American Indians
Dallas, Texas
September 20-23, 1977

INDIAN HEALTH AND SOCIAL WELFARE CONCERNS COMMITTEE

Policy Resolution No. 6
Provision of Services to American Indians and Alaska Native Elderly

WHEREAS The National Congress of American Indians has been distressed and concerned about the inadequacy of supportive services provided to the American Indian and Alaska Native elderly through the existing service system; and

WHEREAS where such services are being provided, they generally follow criteria established for members of the non-Indian population, which do not fulfill the needs of the Indian elderly to live out their lives according to their own accustomed cultural, emotional, and nutritional needs; and

WHEREAS the elected governments of the American Indian and Alaska Native communities represent the principle of the inherent sovereignty of the American Indian tribes and Alaska Native entities, which has been acknowledged and affirmed by the Government of the United States; and

WHEREAS the elected governing bodies of the American Indian and Alaska Native entities represent legally constituted units of general purpose local government; and

WHEREAS there exist legal precedents to the recognition of such tribal governments for purposes of prime sponsorship of federally funded programs in such legislative acts as the Comprehensive Employment and Training Act, the Revenue Sharing Act, etc.; and

NOW THEREFORE BE IT RESOLVED by the National Congress of American Indians, in a meeting assembled this 20th day of September, 1977, that legislation proposed by the National Indian Council on Aging to have provisions included in the 1978 Older Americans Act Amendments for direct funding of federally recognized American Indian tribes and Alaska Native entities under all appropriate titles of the Older Americans Act at the option of the respective tribal governments and on the basis of locally determined need, rather than based on a standard per capita formula, are hereby endorsed and supported; and

BE IT FURTHER RESOLVED that the Congress of the United States is hereby urged to take favorable action on such amendments, including the establishment of a definite Indian set-aside with the proviso that, in no event, shall any American Indian tribe or Alaska Native entity be entitled to less funds than they would have received under the current system of services under the Older Americans Act.

PROPOSED BILL

To provide for direct funding to American Indians through the Older Americans Act of 1965, As Amended and Related Acts (42 U.S. Code Section 3001, Et. Seq); to provide that the Federal Government fulfill its unique trust responsibilities to American Indian tribes and tribal organizations; to provide for the full participation of Indian tribes in programs and services conducted by the Federal Government for elderly Indians; to provide that the Federal Government foster and encourage self-determination for Indians and Indian tribes consistent with announced federal policy; to provide that the Federal Government properly recognize that Indian tribes are quasi-sovereign entities both capable and fully qualified to administer this program; to support the right of Indian citizens to control their own program for the elderly; and to provide that the special needs of the elderly Indians which have not been met under existing federal grant formulas are met; and for other purposes.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

TITLE I—SHORT TITLE AND DECLARATION OF POLICY

Sec. 101. Short Title

This Act may be cited as the "Older American Indian Relief Act of 1977."

Under the present system of funding programs under this Act, Indians are generally not receiving services equivalent to those provided members of other ethnic groups.

There is a compelling need, based on the historic and legal trust relationship between the Federal Government and Indian tribes, to administer these programs at the national level by direct funding to Indian tribes and tribal organizations. The elected governments of these Indian tribes are, in effect, units of general purpose local governments and as such have primary responsibility to administer services to their members, including the elderly.

It is the purpose and policy of this Act to enhance the progress of Indian people and their community by providing Indians the full opportunity to utilize leadership skills crucial to the realization of self-government and to provide the Indian people an effective voice in the planning and implementation of the Older Americans Act.

It is the further purpose and policy of this act to provide adequate and efficient delivery of services to the elderly tribal members through direct channelling of program funds appropriated under this Act from the Federal level to the tribes.

TITLE II—AMENDMENT OF THE OLDER AMERICANS ACT

Sec. 201. Amendment of the Older Americans Act

The sections of this Act amend the Older Americans Act by providing for a new Title X to the existing law. No provisions of this Act are intended to detract from the existing law, nor should allocations of monies now received by the Indians through the states be altered until this Act is effective.

Sec. 202. Definitions

For the purposes of this Title, the term—

(a) "Indian" means a person who is a member of an Indian tribe;

(b) "Indian Tribe" means any Indian tribe, band, nation, or other organized group or community, including any Alaska Native village or other regional or village corporation as defined in or established pursuant to the Alaska Native Claims Settlement Act, which is recognized as eligible for the special programs and services provided by the United States to Indians because of their status as Indians;

(c) "Indian Tribal Organization" means the recognized governing body of any Indian tribe and legally established organization of Indians which is controlled, sanctioned, or chartered by such governing body or which is democratically elected by the adult members of the Indian Community to be served by such organization and which includes the maximum participation of Indians in all phases of its activities;

(d) "Commissioner" means the Commissioner of the Administration on Aging.

Sec. 203. Office of Indian Programs

(a) For purposes of administering this Title, the Commissioner shall establish an Office of Indian Programs in the Administration on Aging with specific responsibility for the Indian aging and having authority to: (1) provide technical assistance and advice to the Commissioner in the development of Older Americans programs; (2) serve as the liaison with the National Indian Council on Aging; (3) assist in the submission of grant applications; (4) review grant applications submitted by an Indian tribe or tribal organization, and recommend action thereon to the Commissioner; (5) administer any contracts with or grants to Indian tribes and tribal organizations for the operation of such programs; (6) provide Indian tribes and tribal organizations with information about the availability of funds and programs for the Indian elderly.

(b) Upon expiration of the grant under which it is currently operating, and/or passage of this amendment, the National Indian Council on Aging shall become a permanent body.

Sec. 204. Direct Funding to Tribes and Tribal Organizations

(a) Notwithstanding any other provision of this Act to the contrary, from funds appropriated to carry out the programs for the aging pursuant to the Older Americans Act, the Commissioner shall set aside such funds as he deems necessary to be used exclusively by Indian tribes and tribal organizations to develop, administer and operate such programs as are provided for under all Titles of the Act.

(b) (1) From one half of the sums set aside under subsection (a), each tribe shall be allocated an amount which bears the same ratio to such sum as the population of eligible age in such tribe bears to the population of eligible age in all federally recognized tribes.

(2) The remaining one half of the sums set aside under subsection (a) shall be allocated by the Commissioner among tribes and tribal organizations on the basis of need and in light of the number and scope to grant applications submitted and approved.

(3) *Provided that* the Commissioner, at the request of any Indian tribe or tribal organization, may permit the use of funds appropriated to carry out programs under one Title of this Act for the purpose of carrying out programs under any other Title; *provided further* that the federal contribution shall be one hundred percent for all programs; and *provided further* that an Indian tribe or tribal organization electing to receive direct funding from the Commissioner under this Title shall receive funding on a basis which is at least equal to the value of services provided to the non-Indian eligible population in the state or states in which it is located.

(c) Any Indian tribe or organization may, at its option, elect not to receive funding for its elderly programs from the funds set aside under this Title and elect instead to continue receiving its funds through its respective state or area agency on aging. Such tribe or organization, upon notifying the Commissioner, shall not be eligible to receive funds under this section. *Provided that*, the Commissioner shall assist such tribe or tribal organization to obtain such funding from the respective State Agency; and *provided further*, that, in the event any state agency cannot demonstrate to the satisfaction of the Commissioner that the members of such Indian tribe or tribal organization are receiving benefits from such State Agency under any Title of this Act that are equivalent to benefits provided to other older persons in the State, and that the Commissioner finds that the members of such tribe or tribal organization would be better served by means of grants made directly to provide such benefits, he shall reserve from sums that would be otherwise allocated to such state not less than 100 percentum nor more than 150 percentum of an amount which bears the same ratio to the state's allotment for the fiscal year involved as the population of all Indians eligible for benefits for whom a determination under this paragraph has been made bears to the population of all persons eligible for benefits under this Act in such state. The funds so reserved shall be made directly available to such tribe or tribal organization.

(d) Any two or more Indian tribes or organizations may combine to make an application for funds under this Act.

(e) The Commissioner shall be empowered to establish such standards and regulations as may be necessary for administration and accounting of the funds disbursed under this Act.

Sec. 205. Tribal Plans

Sec. 305 and Sec. 306 of the Older Americans Act of 1965 (42 U.S.C. 3002(5) are amended by adding after the word "state" wherever it appears, the following: ", and Indian Tribal Organization."

EXACT COPY

NATIONAL
CONGRESS
OF
AMERICAN
-INDIANS-

SUITE 700, 1430 K STREET, N.W., WASHINGTON, D.C. 20005 (202) 347-9520

August 8, 1977

Juana Lyon, Executive Director
National Indian Council on Aging
P.O. Box 2088
Albuquerque, New Mexico 87103

Dear Ms. Lyon:

On behalf of the 130 member tribes of the Executive Council of the National Congress of American Indians I wish to express endorsement of NICOA's efforts to:

1) institute the necessary research, capacity building, and technical assistance to Indian staff serving the elderly.

2) assemble the second National Indian Conference on Aging in 1978 placing particular emphasis on the health and related needs of the American Indian and Alaska Native elderly and the role which the Indian Health service must play.

3) have provisions included in the 1978 Older Americans Act amendment for direct funding of American Indian tribes and Alaska Native entities under all appropriate titles of the Older Americans Act at the option of the respective tribal governments and on the basis of locally determined need rather than on a standard per capita formula basis.

The enclosed resolutions were considered and supported by the NCAI Health and Welfare Committee on the 23rd of June, 1977. These resolutions were considered to be an essential follow-up to Policy Resolution No. 12 "Care of the Indian Elderly" which was adopted by the NCAI Executive Council on October 22, 1976. (See Report of the 33rd Annual Convention of the National Congress of American Indians - October 18-22, 1976 - Salt Lake Cit, Utah).

We commend NICOA's efforts to improve conditions for American Indian and Alaska Native elderly and wish you continued success.

Sincerely,

/s/ Charles E. Trimble
Executive Director
NCAI

CET:ss

The enclosed resolutions were considered and supported by the NCAI Health and Welfare Committee on the 23rd of June, 1977. These resolutions were considered to be an essential follow-up to Policy Resolution No. 12 "Care of the Indian Elderly" which was adopted by the NCAI Executive Council on October 22, 1976. (See Report of the 33rd Annual Convention of the National Congress of American Indians—October 18-22, 1976—Salt Lake City, Utah).

I. **WHEREAS,** the National Congress of American Indians has been distressed and concerned about the inadequacy of supportive services provided to the American Indian and Alaska Native elderly through the existing service system, and

WHEREAS, where such services are being provided, they generally follow criteria established for members of the non-Indian population, which do not fulfill the needs of the Indian elderly to live out their lives according to their own accustomed cultural, emotional and nutritional needs, and

WHEREAS, the elected governments of the American Indian and Alaska Native communities represent the principle of the inherent soveriegnty of the American Indian tribes and Alaska Native entities, which has been acknowledged and affirmed by the Government of the United States, and

WHEREAS, the elected governing bodies of the American Indian and Alaska Native entities represent legally constituted units of general purpose local government, and

WHEREAS, there exist legal precedents to the recognition of such tribal governments for purposes of prime sponsorship of federally funded programs in such legislative acts as the Comprehensive Employment and Training Act, the Revenue Sharing Act, etc., now, therefore,

BE IT RESOLVED by the National Congress of American Indians, in meeting assembled this *23rd* day of June, 1977, that the efforts of the National Indian Council on Aging to have provisions included in the 1978 Older Americans Act Amendments for direct funding of federally recognized American Indian tribes and Alaska Native entities under all appropriate titles of the Older Americans Act at the option of the respective tribal governments and on the basis of locally determined need, rather than based on a standard per capita formula, are hereby endorsed and supported, and,

BE IT FURTHER RESOLVED that the Congress of the United States is hereby urged to take favorable action on such amendments, including the establishment of a definite Indian set-aside with the proviso that, in no event, shall any American Indian tribe or Alaska Native entity be entitled to less funds than they would have received under the current system of services under the Older Americans Act.

II. **WHEREAS,** the first National Indian Conference on Aging, sponsored by the National Tribal Chairmen's Association in June of 1976, provided a forum for the national Indian Community to define the unmet needs of its elders and to recommend remedial action, and

WHEREAS, among the identified needs those relating to the areas of physical well-being (health, mental health, nutrition), and physical environment (housing, nursing homes and alternatives, transportation, home maker services, etc.) emerged as being the most crucial and requiring the most concentrated remedial efforts, and

WHEREAS, further input by the Indian elderly into the planning and development of such remedial efforts is required and is particularly timely in view of the recent enactment of PL. 94-437, the Indian Health Care Improvement Act, now, therefore,

BE IT RESOLVED by the National Congress of American Indians, in meeting assembled this 23rd day of June, 1977, that the Administration on Aging and the Indian

Health Service in the Department of Health, Education, and Welfare are hereby urged to provide the National Indian Council on Aging with the necessary financial and in-kind support to assemble the second National Indian Conference on Aging in 1978, with particular emphasis on the health and related needs of the American Indian and Alaska Native elderly and the role which the Indian Health Service must play, in cooperation with other agencies capable of providing supportive or supplemental services, in order to bring about an improved state of health among the Indian elderly.

III. WHEREAS, the National Congress of American Indians respects and acknowledges the value of the Indian elders to the preservation of the Indian community, and

WHEREAS, the National Congress of American Indians is in full support of the efforts of the National Indian Council on Aging to bring about more appropriate and more adeuqate services to the Indian elders, and

WHEREAS, an orderly progression from the present status of inadequate services to the desired objective of satisfactory and appropriate services to the American Indian elders requires a needs assessment, inventory of current services, research for the purpose of documenting the specific factors which differentiate the needs of the Indian elders from those of other segments of the general population, capacity building of Indian staff serving the elderly to ensure maximum resource utilization and efficiency in developing and implementing projects serving the Indian elderly on the basis of locally determined needs, now, therefore,

BE IT RESOLVED by the National Congress of American Indians, in meeting assembled this 23rd day of June, 1977, that the efforts of the National Indian Council on Aging to institute the necessary research, capacity building, and technical assistance to Indian staff serving the elderly are hereby fully endorsed, and,

BE IT FURTHER RESOLVED that the Commissioner on Aging in the Department of Health, Education, and Welfare is hereby urged to provide the National Indian Council on Aging with such funding as may be necessary to institute and execute the activities enumerated herein in cooperation with the national Indian community.

Report of the 33rd Annual Convention of the National Congress of American Indians
October 18-22, 1976
Salt Lake City, Utah

INDIAN HEALTH & SOCIAL WELFARE CONCERNS COMMITTEE

Policy Resolution No. 12
CARE OF THE INDIAN ELDERLY
Adopted October 22, 1976

WHEREAS, the care of the American Indian Elderly is one of the important concerns of the National Congress of American Indians; and

WHEREAS, the first National Indian Conference on Aging, sponsored by the National Tribal Chairmen's Association in June of 1976, was attended by over 1,000 American Indians and Alaska Natives, representing 171 Indian tribes; and

WHEREAS, that conference resulted in a number of recommondations for improved services to the Indian Elderly, including a reaffirmation of the recommendations of the Indian Concerns Session at the 1971 White House Conference on Aging; and

WHEREAS, these recommendations were reviewed and endorsed by the Subcommittee on Care of the Elderly established for the purpose of representing the concerns of the American Indian Elders before this Convention;

NOW, THEREFORE, BE IT RESOLVED by the National Congress of American Indians that the recommendations developed at the 1976 National Indian Conference on Aging are hereby endorsed; and

BE IT FURTHER RESOLVED THAT the National Congress of American Indians pledges its support and cooperation to the National Indian Council on Aging in its task to implement the action recommended; and

BE IT FURTHER RESOLVED THAT the President and Congress of the United States are hereby urged to institute those legislative and policy changes recommended in order to make the provision of services to the American Indian Elderly more effective and appropriate according to the solemn committments of the Federal Government to provide certain community and supportive services to the members of federally recognized tribes.

COMPARISON OF POPULATION FIGURES FOR AMERICAN INDIANS AGED 65+ * LIVING ON IDENTIFIED RESERVATIONS IN SELECTED STATES

(Indicating discrepancy between actual count by Bureau of Indian Affairs and statistics derived from 1970 U.S. Census on which allocations of funds under the Older Americans Act are based)

State	1970 U.S. Census	Bureau of Indian Affairs 1976
Arizona	3,714	6,573
New Mexico	2,181	4,793
South Dakota	1,384	1,810
Montana	947	1,142
Minnesota	522	748
North Dakota	454	770
New York	437	724
Washington	407	1,616
Wisconsin	350	997
Idaho	229	420
North Carolina	188	333
Utah	188	404
Wyoming	152	223
Nevada	137	359
California	123	2,615
Nebraska	95	176
Oregon	95	149
Kansas	40	118

* BIA statistics for age 60+ are not readily available; age 65+ is, therefore, used for comparison purposes.

NATIONAL INDIAN COUNCIL ON AGING
December 1977

Services Delivery to American Indian Elderly[1]

INTRODUCTION

On virtually every index of social status, employment, income, education, and health, the condition of the Indian people ranks below that of all other groups (Nixon 1970). Although the social science literature reflects to a substantial degree this low status and isolation, there is very little on Indians as a group, and even less on elderly Indians, in the health, welfare, psychological, or other literature. Two factors contribute to this scarcity. One is the relatively small number of Indians in the United States. In general it is only when their numbers are large and their members potentially or actually cohesive that they receive a large amount of attention. Another contributing factor is that Indians are in no sense a homogeneous group. The 1970 census of population lists over 500 tribes to which American Indians belong, and tribal differences emerge consistently in the literature on American Indians (e.g., Martin 1963).

Generally speaking, the literature that is available on Indians, and elderly Indians in particular, is not of very high quality. At least two potentially interesting empirical studies (McClure and Taylor 1973 and DeGeyndt 1973) are of limited usefulness because their samples are drawn from only one city (Dallas, Texas, and Minneapolis, Minnesota, respectively),[2] and the elderly are largely ignored. The studies are valuable chiefly because they provide data on family composition and the incidence of the elderly within those families.

Martin (1963), Graves and VanArsdale (1966), and Sorkin (1969) focus on urban experiences, particularly factors affecting successful relocation from the reservation. Sorkin, and Graves and VanArsdale in particular consider urban relocation programs sponsored by the Bureau of Indian Affairs (BIA), which serve young wage earners and therefore ignore the elderly. Some statistical reports (e.g., Hill and Spector 1971; Benedict 1972) provide interesting data but do not analyze these data in a sophisticated manner nor suggest or test causal hypotheses.

A number of other studies (e.g., Castro 1972; Advisory Council 1971), in their zeal to make a political point about the urgent needs of Indians, sacrifice the methodological and analytic rigor that would impart value to their work in terms of designing programs to aid Indians. Guidotti (1973) and Ablon (1965) use quasi-anthropolitical methodology to discuss Indians. Guidotti fails to report a more rigorous methodology which apparently existed in the work of which he was a part, while Ablon seems to use her "data" to support her middle-class biases.

There is a little in the literature on services delivery, except for a few government reports which attempt to make recommendations about improving services delivery to American Indians (Advisory Council 1971; U.S. Senate 1970).

Available statistics are often inconsistent because (1) there are different bases for classifying individuals as "Indian"—definitions, eligibility, and statistics vary;[3] and (2) a fairly high percentage of Indian children are of mixed background—more than a third in one study had a non-Indian parent (Hill and Spector 1971). Some of these children will lose their identity as Indians at some point in their lives. Hence, a certain number of persons counted as Indians at birth are not counted as Indians later on (Hill and Spector 1971).

The scarcity of the Indian literature makes an understanding of services delivery to American Indians problematic, particularly in the case of the elderly. Knowing about the needs and problems of groups facilitates the design of services delivery systems, and we know little about the needs and problems of American Indians. To get some idea of the status of elderly Indians, it is necessary to use data on the Indian population as a whole. While such extrapolation of data is necessary to present any overview of elderly Indians, such an approach has drawbacks for several reasons. For one thing, the elderly are in many respects different from younger cohorts. For example, Benedict (1972) reports that if earlier data are relied on, younger Indians do not appear to be much better educated than the aged, but 1970 Census data indicate that the level of education is substantially higher among younger Indians. Hence, relying on group data to understand the elderly may produce erroneous inferences. Secondly, repeated extrapolations from aggregate data or data for the younger population may create the impression that a good deal more is known about elderly Indians than is actually the case.

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[1] This material is excerpted from "Delivering Services to Elderly Members of Minority Groups: A Critical Review of the Literature", Duran Bell, Patricia Kasschau, and Gail Zellman. Prepared under a grant from the Office of Human Development, Department of Health, Education, and Welfare. R-1862-HEW, April 1976. The material in this section is limited to native American Indians residing in the Continental United States. Since Alaska natives are ignored, the term Indian will be used throughout this report. In those few instances where Alaska natives are included in data, this will be noted in the text.

[2] The use of geographically circumscribed samples in the study of Indians may affect the tribal composition of the sample as well as other factors which may be by region and city.

[3] For example, in the census, one's designation as "Indian" is based on self-identification, whereas statistics from other sources are based on tribal enrollment. People whose names appear on tribal rolls may classify themselves as members of some race other than Indian in the census. Additionally, in the census, those Indians who do not report any tribal affiliation are not classified as Indian. In contrast, the Bureau of Indian Affairs (BIA) defines as "Indian" someone who lives on or near a reservation. BIA statistics, which leave out urban Indians, are therefore more limited. The Advisory Council (1971) reports that neither Congress nor the executive branch has defined Indian other than within the context of a specific piece of legislation.

In some cases, it is impossible to generalize from Indian population statistics to the elderly because even general population statistics are unavailable. In these cases, we indicate the need for additional data and, with some trepidation, draw on data and materials from other groups with which elderly Indians appear to share common problems.

In presenting the material that follows, then, we follow a strategy that includes some incompatible elements. On the one hand, available information about elderly Indians will be pieced together with data on all Indians so that as complete a picture as possible of elderly Indians' needs will be presented. At the same time, whenever appropriate, we clarify and underline instances of extrapolation and ignorance so that gaps in the literature and in our knowledge of elderly Indians can be pointed out.

This section considers the following questions: Who are the elderly Indians? What are their economic and social circumstances? What kinds of services are currently available to them? What barriers exist to their use of these services? What are some unique characteristics of Indians that present problems relevant to services delivery to elderly Indian groups? What are some feasible policy alternatives to current methods and practices of services delivery to elderly American Indians?

DEMOGRAPHICS

Indian Relationships with the Federal Government

The relationship between the federal government and the Indian communities has oscillated between two extremes. On the one hand, the government has treated Indians as subjects, circumscribing them geographically and preventing the emergence of indigenous sources of authority. On the other hand, the government threatens to terminate its trustee relationship, which would mean that Indian tribes would eventually lose any special standing that they had under federal law. For example, the tax exempt status of their lands would be discontinued, and federal responsibility for their economic and social well-being would be discontinued. Tribal property would be divided among individuals. They would presumably be assimilated into society at large.

Both of these policies have had severe and debilitating impacts on Indians (Nixon 1970). In reaction to colonialism, many individual Indians have been socialized to expect outsiders to run their affairs and to determine the conditions of their lives. Terminating the special status of Indians has led to economic difficulties and eventual return to poverty and dependence in the few instances in which termination has actually occurred (Driver 1969; Jenny 1969). After years of external control, sudden independence produced considerable disorientation among the affected Indians. With no experience in managing land or money, a number of them immediately sold their new property and squandered the money. They were once again dependent on the federal government, but in a more demeaning way than before (Driver 1969). Threats of termination contribute to dependency. Any step on the part of individuals or tribes that might result in greater social, economic, or political autonomy is regarded with suspicion by many Indians who fear that it will only bring them closer to termination of special status (Nixon 1970). In short, the fear of one extreme policy—forced termination— has often worked to produce the opposite extreme: excessive dependence on the federal government.

Vacillation between these policy extremes has contributed substantially to the Indians' distrust of the federal government. In the wake of successful group strategies on the part of blacks and other minority groups, Indians are beginning to assert their need for self-determination within a context of limited but necessary federal support and involvement. Recently, the return of lands to individual Indians has resulted in tribal or community owned enterprises on these lands, rather than the earlier pattern of quick sales to whites and quick poverty (Driver 1969). Indians are beginning to press for legislation and policies to ensure Indian control of federal policies and programs designed to serve Indians.

Identification

Nixon (1970) described the difficulty of locating and identifying urban Indians as the biggest barrier faced by those trying to serve them. Different criteria are required for eligibility for different programs. For example, the BIA requires that one must have 25 percent or more of Indian blood to be eligible for free medical services. Often an individual of mixed blood is eligible for some services but not for others. The problem in terms of outreach is particularly severe because many Indians are not full-blooded and may not be recognized in terms of appearance or surname as Indian. McClure and Taylor (1973), for example, note that many Indians in Texas are frequently assumed to be Chicanos because of their Spanish surnames. For BIA programs, eligibility is limited to those Indians living on or near reservations, although McClure and Taylor point out that in a few cases for a few programs, urban Indians do qualify—but only after all available reservation Indians have been served.

For the growing number of Indian-run programs for urban Indians, outreach is made difficult by identification problems, complicated by tribal differences. On most available social and economic indices, large tribal differences do emerge. At the same time, urban Indians appear to see the necessity of Indian unity in an environment in which no single tribe is large enough to command tribal loyalty. McClure and Taylor's (1973) survey is one of the few data bases available that touches on issues of tribal and Indian identification: 89 percent of their respondents said they were proud to be Indian and wanted to be known as Indian; 70 percent indicated that they think of themselves as Indian first and as a tribe member second. At the same time, McClure and Taylor note that prior to the beginning of their survey, the staff heard much about tribal differences and a lack of unity among Indians in Dallas. However, their data provide no direct answer to this question. They report that there were few, if any, tribal differences on the measures used in their study. The limited amount of actual data they present suggest that tribal differences on such important issues as intent to remain in Dallas are nontrivial. Data from the 1970 census indicate a wide range across tribes in such basic characteristics as number of years of education.

Numbers and Characteristics

Because of problems of identification noted above, enumerations of the Indian population vary widely. Hill and Spector (1971) report that Indians represent 0.3 of 1 percent of the total population of the country and 2.3 percent of the non-white population. According to the 1970 census, the number of Indians both on and off reservations was 763,594; however, the Advisory Council on the Elderly American Indian (1971) reports the figure to be 791,839 from the same data source. Reported numbers and percentages of Indians living on or near reservations differ by factors of as much as two or three. Again, this reflects varied means of counting. For example, in the case of the census, living on an identified reservation means just that, while for the BIA, those who live on *or near* an identified reservation are counted as reservation Indians. The 1970 census reports that 28 percent of the Indians, or 213,770, were living on identified reservations. Based on the earlier 1960 census, the statistics branch of the Indian Health Service reported a total of 546,228 Indians living on or near reservations. It is estimated that in 1960 there were more than 100,000 Indians who lived in rural areas but off reservations.

The percentages of Indians who live on and off reservations vary significantly as a function of tribe. In the 1970 census data, the percentage of Indians by tribe who lived on identified reservations ranged from 3 percent among the Catawba to 77 percent among some Pueblo subgroups. Sixty-two percent of the Navajo lived on identified reservations at the time of the 1970 census. Since the Navajo is the largest single tribe in the country, numbering close to 100,000, the 62 percent figure represents the largest single group living on a reservation.

It has been repeatedly noted in the literature that the Indian population is a very young population. In 1960, the median age for Indians was 17.2 years, as compared to 30.3 years for whites and 23.5 years for nonwhites (Hill and Spector 1971). The number of elderly is small. In the 1970 census, 43,802 Indians who were 65 or older were enumerated; this compares with Benedict's (1972) estimate of fewer than 40,000 Indians over 65. The pattern of sexual distribution is the same in this elderly population as in others, although less marked: males constitute 47 percent of the Indian population over 65. Only 4.8 percent of the Indian population is elderly, a lower percentage than among nonwhites (6.1 percent) or among whites (9.7 percent) (Hill and Spector 1971).

The Indian population has grown increasingly urban over the years. By the time of the 1970 census, 45 percent of the population were living in urban areas, although as discussed above, this figure varies with data source. The elderly were represented in urban areas in equal proportion to their representation in the population: 43 percent of those over 65 were located in urban areas. The same was true of those Indians living on identified reservations: the elderly constituted 5.5 percent of the Indian population living on reservations, which is equal to their percentage in the population. Thus, in terms of location, the elderly appear to be no different from younger cohorts. Although much has been written about how reservations are becoming increasingly the province of the very young and the very old, the census data suggest that this is not at all the case. This issue will be discussed in detail later in this section.

SOCIAL CHARACTERISTICS

Family and Tribal Solidarity

The literature emphasizes the strong family solidarily of Indians. They have been traditionally identified not only with a nuclear family but with the extended family, clan, and tribe (Advisory Council 1971). Few empirical data exist, however, to support this contention. McClure and Taylor's (1973) study of urban Indians in Dallas represents one of the few data bases to test these assumptions.[4] The report that among the 382 families responding, only 5.8 percent of leisure time was devoted to tribal activities and ceremonies, but that more than 25 percent had visited their family home 6 to 12 times during the previous year. These two sets of findings suggest an interesting research hypothesis: rather than maintaining tribal involvement in the urban area, Indians express family and tribal solidarity by frequent returns to the reservation.

The literature notes that at the level of the family, Indians generally take care of the elderly by taking them into their families. Taylor (1975) reports that in his survey, many families had an old person living with them. While he had no data immediately available to back up this claim, the proportional representation of the elderly in the urban population suggests that this may indeed be the case. Other data on minority elderly (e.g., Chevan and Korson 1972) suggest that elderly Indians probably do live with their families to a significant extent, since in their study, the widowed from minority groups (including Indians) were less likely to live alone than white widowed. Yet other data tend to shed some doubt on the conclusion that the elderly live with their families and that most families house at least one elderly person. For one thing, the average urban family unit is small. The 1970 census and DeGeyndt (1973) report average urban family units for Indians which are considerably smaller than the average family size for the nation as a whole. The 1970 census reported an average of 2.9 persons per unit, while DeGeyndt found median family size to be 2.85 in his Minneapolis sample. In comparison, the average family size for the nation is 3.66. Secondly, these small Indian family units are likely to include children. As noted above, the 1970 census found that two-thirds of Indian families had children under 18 living with them. The census also reports over 50 percent of the Indian population (408,667) as "other relative of head (of household)." This figure, if it is true, suggests that indeed the typical family is an extended, nonnuclear family which may contain an elderly person.

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[4] These data must be regarded with some suspicion because of serious problems in the sampling design.

Another characterization of Indians is that their social life is limited to other Indians. If true, this would hardly be a phenomenon unique to them. Residentially segregated minority groups in cities and, of course, Indians living on reservations generally tend to fraternize with members of their own group. Ablon (1965) addresses this issue. She suggests that most Indians stick with their own group and, indeed, display a "compulsive" hospitality in their willingness to share with other Indians of their own tribe, which further complicates an already impoverished condition. Such disparaging views of Indians' social organization are probably unwarranted. Taylor (1975) and others note considerable trepidation and ignorance on the part of Indians about seeking and receiving social services and welfare. The communal sharing reported by Ablon may not be a personality flaw at all. Indeed, it may not even be indigenous to the Indian culture; rather, it may be a situational reaction to an environment that is perceived as unresponsive to Indian needs.

Mobility

The issue of mobility is an important one for Indians, and has particular implications for issues of services delivery to this group. While most minority groups in America have experienced some migration or immigration (e.g., Mexican Americans from Mexico, Asians from Asia, blacks from the south), it is only among Indians that mobility between city and reservation occurs. Much of the literature on mobility among Indians has focused on mobility among the young, since its primary objective was to assess the BIA's Employment Assistance Program (e.g., Graves and VanArsdale 1966; Sorkin 1969). However, findings from studies of the Indian relocation process provide data that suggest an empirical basis for assuming greater mobility among wage-earners. These studies uniformly find that initial relocation from reservation to city has a strong economic motivation. In Graves and Van Arsdale's (1966) sample of Navajo Indians who migrated to Denver under the relocation program of the BIA, the major positive feature of Denver mentioned by respondents was the availability of good jobs in the city. Similarly McClure and Taylor's (1973) sample indicated strong economic motivation for relocation to Dallas.

Graves and Van Arsdale (1969) suggest a model of migration based on decision theory in which the potential migrant must not only make an initial choice between life on the reservation or in some urban center, but once in the city, must continue to choose between remaining in the city or returning to the reservation. These choices are not as clear-cut as the economic motivation underlying initial migration suggests. While job opportunities are more plentiful and better paying in the city, leaving the reservation is not done without incurring high cost. As noted above, urban Indians lose eligibility for services of the BIA, including participation in commodity programs and subsidized or free health services. Hence, although they are making more money, they must pay much more for housing and health care than they did on the reservation. Many experience an economic status that is only marginally better in the city than on the reservation. The advantages of the reservation—such as more personal freedom, work at a task for which one feels experienced and qualified, opportunities to participate in ceremonial activities, and exemption* from income taxation—may cause serious doubts about the merits of a decision to remain in the city.

While there is evidence of a relationship between mobility and labor market activity among young wage-earners, one should not conclude that high rates of mobility are limited to this group. As noted above, the elderly are represented in urban areas in proportion to their numbers in the Indian population. One hypothesis that would explain proportional representation of the elderly in urban areas is that they live in extended families and follow the person on whom they are financially dependent. Such mobility could be a hardship on the elderly, since they may be reluctant to move to the city after a lifetime on the reservation; yet their economic dependence may rob them of choice. Certainly, living arrangements and mobility of Indian elderly, particularly their feelings and felt choices, have not been studies.

Although Taylor (1975) notes that most families in his Dallas sample had an elderly person living with them, he did not know whether the elderly person came on relocation, was sent for later on, or came independently. In any case it seems fairly clear that few if any elderly in urban areas today have lived there from youth to old age. In general, migration of Indians from reservations to urban areas did not begin until the late 1940s and did not increase substantially until the 1950s. McClure and Taylor (1973) report that two-thirds of their urban sample had lived in Dallas less than ten years.[5] Studies of BIA relocatees indicate high rates of return to the reservation and high intracity mobility (Ablon 1965; Sorkin 1969; McClure and Taylor 1973). In some contrast, DeGeyndt (1973) found only modest rates of return to the reservation.

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* Exemption is from State, not Federal income tax. Ed.

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[5] Data for other cities are not available, but there is evidence of considerable intercity movement.

Census data shed some light on the issue of mobility from urban areas to the reservation. In the 1970 census, 60 percent of urban elderly reported having lived in the same house from 1965 to 1970; that was only slightly less than the 67 percent of elderly Indians in the total urban population who reported having lived in the same house for the previous five years.

In general, the data indicate a somewhat confusing picture. Both elderly and young Indians are likely to live in urban areas, in spite of literature on urban relocation which implies (largely by ignoring the elderly) that mobility is limited to the young. As mentioned above, one hypothesis proposed to explain the apparent economic motivation for relocation to urban areas among the young and the proportional representation of the elderly in these areas relates to the extended family system and the economic dependence of the elderly on younger wage-earners. This dependence causes the elderly to move with the family to the city. At the same time, however, the higher residential stability rates of the elderly in urban areas suggests that they do *not* live with their families, at least on a continuing basis. Research into the family structures, migration patterns, and the intra- and intercity mobility of Indians—particularly elderly Indians—is needed to understand these apparent contradictions posed by the available data.

Income

The 1970 census reported a median income of $3509 for Indian males 16 years old and over; the median income for Indian females was less than half this amount. Median income among the elderly was substantially smaller: $1554 for males and $1162 for females. Clearly, the elderly Indian is extremely poor.

Our tabulations of 1970 census files indicate the high incidence of poverty among older (over 60) Indians. In the southern region, 46.2 percent live in poor families; in the western and central regions, the figures are 46.9 percent and 38.5 percent, respectively. The regional pattern of poverty among older Indians contrasts with that of other groups. For Anglos and blacks, the incidence of poverty is highest in the south (26.9 percent), with the central region taking an intermediate position (20.4 percent and 34.1 percent). Hence, relative to older Anglos and blacks, older Indians are much poorer in the western region than elsewhere. The data also indicates a lower incidence of poverty for Indians living in central cities than in other locations within each region. They are more likely to be poor if they live in rural areas and small towns.

Census tabulations also indicate that the use of income support programs among older Indians does not appear commensurate with the extent of poverty within the group. In each region, about 45 percent of Indians over 60 received social security benefits (45.1 percent in the south, 44.0 percent in the west, and 47.8 percent in the central region), and were less likely to receive benefits than older Anglos, blacks, or Mexican Americans in this age group. They are more likely, however, to receive public assistance when they live in the western region (27.1 percent) relative to the south (18.7 percent) or the central (18.8 percent). Since the incidence of poverty seems to be as great in the south as in the west, reasons for underutilization in the south should be explored in future research. Even in the west, older Indians are slightly less likely than blacks to receive public assistance (27.1 percent versus 28.2 percent), even though the incidence of poverty among Indians (relative to blacks) is much greater in the west. This suggests that underutilization of public assistance may be common in all regions.

Education

As a group, Indians are less well educated than the U.S. population as a whole. The 1970 census reports that the median years of school completed by Indians 25 years and older is 9.8; the comparable figure for the population as a whole is 10.6 years (U.S. Congress, Joint Economic Committee 1969, p. 21). Census data for 1970 indicate that the mean level of education has been increasing substantially in the Indian population. Although the median number of years of school completed among those 65 or older was only 6.6, among the group 20-24, the median was more than a high school graduate—12.2 years. Benedict (1972) contends that dropout rates are very high for Indians; again it is not clear that they are higher for this group than for other minority groups. Solid empirical data on dropout rate do not exist, although Driver (1969) reports that the rate for Indians in one area exceeded 80 percent.

Large tribal differences emerge in the number of years of school completed. In the 1970 census the median number of years of education ranged from a low of 5.3 among the Navajo to 12.1 among the Kiowa. Navajos represent the largest group living on reservations, nearly 62,000.* Their low median level of education points to the inadequacy of BIA schools on the reservation.

Health

The Surgeon General of the Public Health Service is authorized under Public Law 83-568, effective in 1955, to maintain and operate health facilities for Indians and Alaska natives. The Indian Health Service (IHS) is the operating agency charged with carrying out this mandate. The legislation contains broad authority to consider and improve the health status of Indians through a program of comprehensive health services. A full range of curative, preventive, and rehabilitative health services is provided. The IHS is also authorized to provide financial assistance to public or nonprofit organizations for the construction of community hospitals in locations where such construction is the most effective method of making needed hospital facilities available for Indians.

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* 1977 Navajo statistics for the tri-State area (Arizona-New Mexico-Utah) show a total population of 140,046 including 14,000 aged 60 and over. *Ed.*

The IHS provides comprehensive health services to about 415,000 Indians and Alaska natives residing in 24 states on or adjacent to federal Indian reservations or in identifiable Indian or Alaskan native communities. In order to provide such services, the IHS operates 51 hospitals, 70 large health centers, and more than 300 field clinics. In addition, it has contracts for some 300 private or community hospitals; 18 state and local health departments; and more than 500 physicians, dentists, and other health specialists. Emergency hospitalization and medical care in locations where an Indian hospital or clinic is not accessible are also available through contracts.

This legislation obviously makes the Indian Health Service primarily, if not totally, responsible for the health of the "on or near" population. It does not provide any assistance to urban Indians.

The health status of Indians has been more extensively studied than other aspects of Indian life, no doubt in part because a federal agency has been set up to administer health programs. Additionally, the National Center for Health Statistics is one of the few agencies that identify the Indian population in published data. Usually, Indians are lumped with other minorities in a white/black/other or white/nonwhite grouping.

In general, Indians seem to lag behind the white population in all indicators of health status, but do not uniformly lag behind all other nonwhite groups.

Mortality. Life expectancy at birth is a frequently used measure of the health status of a group. This statistic tends to fluctuate from year to year and particularly so for Indians, but in recent years it has been approximately 63 years for Indians, 71 years for whites, and 64 years for nonwhites. A quarter of a century has elapsed since the expectation of life was as low for whites as it now is for Indians and nonwhites (Hill and Spector 1971).

Low life expectancy, combined with a high birth rate, contributes to making the Indian population very young. One effect of this youthfulness is that Indians are less likely to die from diseases associated with old age. Age adjustment of health data is necessary to control for the effects of this age distribution.

Trends in the leading causes of death indicate that accidents rank first for each year 1955 through 1967 (Hill and Spector 1971). Guidotti (1973) suggests that this is not surprising given the rural poverty background of most Indians. Clearly, the environment in which most Indians live is not a benign one. Indians tend to die at an early age and then tend to die disproportionately from accidents and homicide. Low status jobs in rural areas generally are hazardous, e.g., logging, mining. The homicide rate for Indians in 1967 was three and one-half times as high as that for the United States as a whole, but nearly seven times the rate for whites. Additionally, Indians tend to die from poverty-related diseases such as tuberculosis. In 1967, the rate of tuberculosis as a cause of death among Indians was eight times that for the United States as a whole. Diabetes mellitis and suicide were twice as likely to be causes of death for Indians than for the U.S. population. The high incidence of diabetes is particularly noteworthy in terms of services delivery. Many complaints have been heard from the Indian community (e.g., Advisory Council on the Elderly American Indian 1971) that government programs such as the commodity program ignore the fact that Indians suffer disproportionately from diabetes. It is contended that the available foods are not appropriate for a diabetic diet.

Health Services Utilization. A number of factors contribute to the poor health status of Indians. In general, involvement with the medical establishment can be viewed as marginal. Certainly, their involvement does not follow the middle-class model of prepaid health insurance, frequent preventive checkups, and consultation with doctors at times of illness (Weiss and Greenlick 1970). DeGeyndt (1973) found that in his sample in Minneapolis half of the respondents reported that no one living in the dwelling had health insurance or health coverage of any kind. And in 29.2 percent of the households in which a resident had health insurance, only one person was covered. The lack of health insurance does not, however, obviate the possibility of receiving at least some medical care. In 88 percent of the households in the DeGeyndt sample, someone had received medical care during the previous year.[6] The primary sources of this care were the emergency room of the county general hospital and its outpatient department. Forty percent of the care reported was received at this hospital. The second most important source of care was a private clinic or a physician's office, which accounted for 22 percent of the care received.

The finding that most care was given in an emergency room of a county hospital is consistent with similar studies among lower class whites (Weiss and Greenlick 1970). In contrast to middle-class whites, who tend to make appointments to see doctors in clinics or who consult with a doctor on the phone, the poor tend to receive fairly routine health care in an emergency setting and fail to receive preventive care. No doubt this method of delivering health services contributes to the discontinuity and lower level of care received.

DeGeyndt (1973) reports that many of his respondents received little if any dental care. This too is highly compatible with findings from other groups. Dental care is obviously considered somewhat of a luxury among the poor and is generally sought only when symptoms are severe. The result is that when dental care is received, it tends disproportionately to require more drastic measures, e.g., tooth extractions rather than fillings. DeGeyndt's (1973) Indian respondents reported that nearly 30 percent of their dental visits involved extractions, closely followed by fillings (29 percent). In contrast, in the general population, only 12 percent of all dental visits were for tooth extractions, whereas 30 percent were for tooth fillings. This indicates a pattern that is probably also true for more general medical problems—that Indians do not receive proper preventive and maintenance care, and hence when they do receive care, it is because the problem is acute and therefore the solution must be more drastic.

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[6] It should be noted that this does not mean that 88 percent of the Indians received medical care.

Nearly all of the data on Indian use of health services come from the single article by DeGeyndt. Many of his findings are consistent with data from studies of lower class whites (e.g., Weiss and Greenlick 1970; Bice et al. 1973) and blacks (e.g., Bauer 1969; Berman and Luck 1971), but his data are based on an extremely limited sample. Although generalization from DeGeyndt's Minneapolis sample to all Indians is possible, we cannot make such a leap. Instead, we advocate more investigation and data on Indian use of health care services.

A number of reasons have been posited to account for the generally low level of Indian involvement with the medical establishment. Many of the reasons are the same as those drawn on to account for the generally low involvement of Indians and other minority groups with services delivery organizations, e.g., low SES, difficulties with the English language.

One reason unique to the delivery of medical services, suggested by Driver (1969) and Guidotti (1973), is that many Indians are simply not familiar with the white man's medicine or with basic health concepts such as sanitation and germs (Hill and Spector 1971). Traditionally, Indians have had a well articulated view of medical problems based on tribal religions, and even today many Indians do not accept the principles of modern medicine. Another reason is that the modern norms surounding health care often conflict with traditional Indian values. Modern medicine requires that one confide in the doctor, provide a complete medical history, and usually remove one's clothing during an examination. These expectations are contradictory to Indian values of pride and privacy. Finally, public agencies charged with the responsibility of delivery services (including medical) for those in need have often refused to extend services to Indians on the grounds that Indians are a responsibility of the BIA and the IHS.

SERVICES DELIVERY TO ELDERLY INDIANS

The federal government spends well over one-half billion dollars on an annual basis to maintain the efforts of various agencies in the delivery of services to Indians (Sonnenberg 1969). The programs emanating from these agencies represent a patchwork of services that address but do not satisfy the wide range of services needs.

Health

The first Congressional appropriation for Indian health was made in 1832. By 1880 the BIA had provided four hospitals and 77 physicians. In 1910 a medical division was established in the BIA. In 1955, as noted above, the Division of Indian Health of the United States Public Health Service took over all the health activities for the Bureau of Indian Affairs and by 1962 had taken full jurisdiction over Indian health services. The budget for Indian health represents 20 percent of the half billion dollars spent annually by the federal government on Indian services. The Indian Health Service (IHS) is the agency that maintains and operates hospitals and health facilities for Indians. IHS is divided into eight field areas, each broken down into service units of defined geographic areas, usually centered around a single reservation. In 1967, the estimated service population was 399,000, of which approximately 20,000 were 65 and over. More recent data set the service population at aproximately 415,000 (Advisory Council 1971).

According to Sorkin (1971), with few exceptions, reservation Indians with one-fourth or more Indian blood are entitled to the full range of IHS services. However, Hill and Spector (1971) report that the IHS "had responsibilities" in only 24 states. These 24 states include 90 percent of the total Indian population, but since Indians must live "on or near" the reservation to be eligible for IHS services, the geographic dispersion within states tends to reduce the number of persons who have access to those services.

Those who are eligible to use IHS facilities and services have access to hospitalization, outpatient medical care, public health nursing, maternal and child health care, dental and nutrition services, and health education. Staffing of these facilities is often difficult. Nurses have been particularly difficult to recruit and retain. Attracting doctors has been easier, since in the past nearly 70 percent of the physicians and dentists in the Indian service were there in lieu of military service. However, few remain more than the required two years (Sorkin 1971).

A number of factors make IHS work unappealing. The isolation of the reservations affects staff morale. Inadequate staff housing has also been a problem. And for doctors in particular, IHS salaries are not competitive. A proposed solution (e.g., Sorkin 1971) is the training of indigenous staff, who would be more accustomed to reservation conditions, and who would presumably be more willing to accept non-competitive salaries.[7]

The IHS operates 51 hospitals, 70 large health centers, and more than 300 field health clinics. The Service also contracts for services with 300 private or community hospitals, 18 state and local health departments, and more than 500 physicians, dentists, and other health specialists.

These services, while comprehensive in scope, have inadequacies. The high turnover of staff makes continuity of programs or care very difficult (Advisory Council 1971; Sorkin 1971). Distance from facilities is a frequently encountered problem. Often an Indian cannot go to the nearest hospital for emergency treatment, but must instead go to an IHS hospital or a contract hospital farther away (Advisory Council 1971). In most reservation areas, lack of a critical mass makes local delivery of services economically unfeasible. One such case is long-term care for the elderly. Only one nursing home currently exists on a reservation, so that most elderly Indians have to leave the reservation, preferring to forego needed services.

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[7] Since employment in IHS medical facilities may have a number of *intrinsic* disadvantages, it may be necessary to provide salaries which are more than "competitive" if higher levels of employee retention are to be obtained.

Most writers agree that one of the contributors to the low health status of Indians is poor nutrition. Most reservation Indians receive food through the commodity program administered by the Department of Agriculture. Under this program, food acquired through surplus-removal and price-support purchases is provided free to needy families and individuals. The food is limited in variety and the nutritional value varies with the composition of the food "bundle" distributed (Segal 1970). Recipients often must travel to the distribution centers and pick up large packages, some weighing over 100 pounds.

The Advisory Council (1971) contends that the majority of commodity foods distributed to elderly Indians are physically and psychologically unsuitable for older Indians. The high rate of carbohydrates is nutritionally counterindicated in a group where the incidence of diabetes is so high. Additionally, the food is often unfamiliar, unappetizing, and poorly packaged.

The literature does not discuss the availability of delivery of health or nutrition services in any more detail than is presented above. We do not know *anything* about the availability of preventive care, or the extent to which Indians use available services. Health indices show that health status has improved, but still lags behind that of other groups on most dimensions. This suggests that Indians may be utilizing more services, or that other health-related conditions—such as housing and nutrition—are improving.

Housing

Poor housing has been described as a principal cause of the high rate of infectious disease among reservation Indians. A 1966 BIA survey found 75 percent of all reservation homes to be substandard, with 50 percent so dilapidated as to be beyond repair (Sorkin 1971).

A numer of federally sponsored housing programs instituted for reservation Indians are contributing to improving reservation housing.

BIA Housing Improvement Program. This is the only housing program funded directly by the BIA. It is limited almost exclusively to the construction of new housing. Bureau welfare workers identify elderly families and those with large numbers of children who have critical housing needs. As funds become available, houses are constructed. Housing is provided free, which makes this housing program most desirable to recipients. Sorkin (1971) reports that Indians who must pay for housing are often jealous of recipients, and willingness to participate in other programs where there are charges (money or labor) has lessened as a result.

Low Rent Housing. This program is essentially the same as public housing programs in other areas. Tribes establish tribal housing authorities which finance construction with HUD funds. Housing costs under this program are expensive, for both the builders and the eventual renters. Rents are $40 to $70 a month, depending on income and number of dependents.[8] Indians generally dislike this program because the rents are high and one can never own the housing (Sorkin 1971).

Mutual Help Housing. This program was jointly conveived, and is administered, by the Housing Assistance Administration (HAA) and the BIA. It was designed to meet the needs of very low income Indians on the reservation who could not afford the rents required in conventional low rent housing projects. Under this program, a group of participating Indians contribute their labor in the joint construction of homes for their families. Usually, 10 to 15 are built together. In addition, the participants or the tribe contribute the building sites, and where feasible, indigenous building materials are also contributed by the participants or by the tribe. After the homes are built, each participant is responsible for the maintenance and utility costs of his home and pays a monthly charge covering administrative costs and insurance to the tribal housing authority. When the loan from HAA has been repaid, the tribal housing authority turns the title over to the occupant. Although one purpose of the program was to provide job and skill training, it has not been effective in this respect because Indians are not allowed to let more skilled friends contribute time for them. Another problem is that construction often takes a very long time if the participant is also employed elsewhere.

Turnkey Housing. This program allows private developers to plan and build a development, which is then sold to the tribal housing authority. Developers are encouraged to hire Indian labor for construction. A variant of the program allows the housing authority to turn the property over to the occupant after 25 years, if the occupant has maintained the property.

A major problem with housing programs is that they may not consider Indian culture and Indian needs. In some cases, this is because a program that exists elsewhere is not modified to better fit reservation needs and exigencies. An example is the concept of "new cities" in which older Indians are moved away from lifelong acquaintances and relatives to a new and

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[8] Local housing authorities may charge up to 25 percent of a tenant's income for rent. In most cases, they are forced to do so, since Department of Housing and Urban Development (HUD) policy requires that the routine operating expenses of a housing project not exceed 85 percent of rent charged. In some places, these two policies have made new projects for the elderly impossible, since the rent ceiling does not bring in sufficient revenues to meet operating expenses (U.S. Senate 1973).

"nicer" environment. A second example involves the provision of low cost housing which results in new problems for the recipients. Most of the elderly cannot afford to pay the higher rents associated with "nicer" housing, and often while new housing does provide such amenities as electricity, the elderly Indian does not have the funds available to pay the bills. Such programs may not leave the recipients better off than they were.

Urban Relocation. In 1954 the BIA began two programs designed to cope with the difficulties of economic development on reservations. The first of these was initially called the Voluntary American Indian Relocation Program, later called the Employment Assistance Program. Its aim was to find jobs for Indians off the reservation through minimum subsidy of urban migration and employment placement of Indian families and adult individuals in urban industrial centers. These programs, even when successful, do not contribute to the well-being of Indians in general. Upon arrival at their destination, Indians typically become engaged in the most menial jobs, if any, and live in slum areas. Once relocated, the BIA has few services to help with their adjustment to urban areas. Many return to the reservation; Sorkin (1969) estimates that about 30 percent return within a year. However, the BIA, anticipating discouragement, generally sends Indians far from home, thereby increasing the difficulty of a return to the reservation. Jenny (1969) suggests that those who manage to stick with their new experiences and "make good in the big city" are probably those who would have been most likely to be personally successful and to solve reservation problems had they stayed at home. Hence, the program, when successful, may promote individual success at the cost of reducing reservation populations to the least competent.

Denial of Cultural Values

Our general impression derived from the literature and from conversations with writers in the field (e.g., Jenny 1969; McClure and Taylor 1973; Taylor 1975) is that Indians prefer cultural pluralism to assimilation. With rare exceptions, they do not wish to leave their own communities and assume the values of the Anglo culture. Indians on reservations appear to be aware that an unstated bias against their traditional social organization is inherent in most government programs. They tend to regard these programs as at best a temporary source of funds or at worst a diversion of their concerns from issues or programs that would strengthen the culture. Jenny (1969) suggests that policies and programs for Indians should provide a choice of both assimilative and pluralistic programs. The National Council on American Indians (NCAI)* suggests a program of acculturation by which tribes would be encouraged to change behavior patters by giving them the opportunity and autonomy to develop programs, incorporating "their present values with new opportunities for human resource advancement" (Jenny 1969, p. 59).

This process of acculturation would involve learning by doing. The *NCAI Sentinel* (cited in Jenny 1969) suggests that acculturation will come as a natural by-product of new opportunities and structures. For example, Indians will learn about and value credit when tribal credit unions are developed. Similarly, they will learn about land management by having a voice in the management of their own lands. Such views leave much unexplained. Does "learning how" mean doing things in ways prescribed by the dominant culture? How much room is there for the maintenance of Indian values in such arrangements, especially if tribal forms must come under majority culture regulations (e.g., a tribal credit union that must adhere to the regulations and standards of the National Credit Union Administration, which is an agency of the federal government)? More attention has been paid of late to the notion of Indian cultural pluralism; hence, Anglos are more likely to see the importance of strengthening Indian communities. Such views have been spurred by OEO programs which advocated and helped to build community control. However, policies have varied considerably depending upon the beliefs and values of the Indian Commissioner and the exigencies of the federal economic position.

Still, the basic orientation of most current efforts to help Indians is to increase the extent of relocation and acculturation. As noted above, Indians generally oppose such assimilation. Vine Deloria, Jr., former director of the National Council on American Indians (sic), made a strong statement on behalf of the ideological basis for Indian separatism:

Indian separatism:

> It isn't important that there were only half a million of us Indians. What is important is that we have a superior way of life. We Indians have a more human philosophy of life. We Indians will show this country how to act human. Some day this country will revise its Constitution, its laws, in terms of human beings instead of property. [Cited in Steiner (1968).]

Many of the programs designed to "help" Indians have been developed, or distorted, to serve the economic self-interest of Anglos. For example, the Dawes Severalty or General Allotment Act of 1887 divided tribal lands into parcels and assigned these to individual Indians with full title and citizenship to devolve upon them in 25 years. The stated purpose of the Act was to phase out reservations and provide family heads an incentive to support their families. "Excess" land (i.e., tribal lands not allocated to Indians) was then opened up to homesteading for Anglos. Many Indians also sold their land to Anglos, and, once the money was spent, were as poor as before (Driver 1969). The Act was implemented only on reservations where pressure for Indian lands existed,

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* Reference is to the National Congress of American Indians. Ed.

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and not surprisingly, Indian lands were reduced drastically because of this Act, from 138,000,000 acres to approximately 48,000,000.

Some supporters of the Act truly believed that it was the best of the available options. Without such individual allotment it was feared that Anglos would ultimately take all of the Indian land. On the other hand, the Act rested on the presupposition that individual ownership of land would "civilize" the Indians and bring them more in line with American values.

Present problems and resistance to services delivery are based on historical instances of such policies. Many Indian groups still assume that any offers of federal assistance are similarly motivated and/or are indifferent to Indian values (Jenny 1969).

Termination of federal aid and protection is another policy that has been advanced under certain economic and political circumstances, occurring as early as 1830. For example, during World War II, Congress began talking about terminating both the BIA and the Indian Reorganization Act of 1934 which provided for more Indian control of policy. Only a few tribes were actually released from BIA support prior to 1945. From 1954 through 1960, 61 tribes were terminated. At least one termination, that of the Klamath tribe, was voluntary. However, Driver (1969) and other anthropologists consider even voluntary termination inadvisable, because money is spent quickly and the group then reverts to dependency and poverty. This swing toward termination increased the feelings of mistrust Indians had toward government policies.

Paternalism, inconsistent and abruptly terminated programs, and the assimilationist tendencies implicit in most federal programs have led to cynicism, hostility, and a lack of faith in any proposed ameliorative measures. Continuing poverty and a general lack of improvement of living conditions has deepened the wounds (Alberts et al. 1966, p. 18).

In the 1960s, with the advent of the Office of Economic Opportunity, the values of cultural pluralism were reasserted. Indians were led to believe that they would have considerably more control over programs. This view, of course, was in some contrast to the assumption generally made that federal dollars result in federal management. Many Indians were skeptical of the Economic Opportunity Act, viewing it as "just another program" which would end when the government decided to retrench on social welfare expenditures. Nevertheless, a number of tribes submitted proposals. The fact that Indians were permitted to initiate projects themselves, rather than accepting projects developed by outsiders (e.g., BIA or Public Health Service) raised their expectations. Here again, however, the expectations were somewhat thwarted. Many proposals reflected the tribes' lack of experience and sophistication at such procedures, and were turned down. Instances of cultural values that were at variance with mainstream beliefs (e.g., apparent nepotism based on the obligations of kinship systems) were not considered acceptable to federal administrators (Jenny 1969).

Jenny (1969) concludes that the disillusionment that resulted from initial rejection of proposals, even when help was received in rewriting them to meet previously unmentioned criteria, poisoned the well. Sorkin (1971) takes a more sanguine position, arguing that these programs have contributed to more jobs on the reservation and increased autonomy. Such programs are almost exclusively youth oriented (e.g., Head Start, Neighborhood Youth Corps), which has led to criticism by adults on some reservations.

As noted above, BIA provides virtually no services to Indians who are living off reservations or in rural areas. *For nonreservation Indians, the major factor inhibiting services delivery is the denial of jurisdictional responsibility by various government agencies.* While the federal government does not provide health, housing, income support, and other services to urban Indians, state and local governments often believe that the federal government should provide for them. Consequently, urban Indians are not only *not* encouraged to use local services, but in some cases are discouraged. Cases have been reported in which urban Indians applying for county or local services are sent to the BIA office, which provides no direct services in urban areas (Castro 1972). Ablon (1965) and Castro (1972) argue that because of their essentially rural background, Indians lack the skills and "alley smartness" of other urban groups such as Chicanos and blacks. Thus they have trouble making a case and receiving what they need in the way of services. Somewhat surprisingly, at least one Indian organization feels that denial of special services to urban Indians is appropriate. The National Congress of American Indians (Advisory Council 1971) agrees that while the one-third of the country's Indians who live in urban areas are confined to "hopeless city reservations of despair," their problems are similar, if not identical, to those of other minority groups in urban ghettos (p. 411).

Indeed, some of the problems experienced by urban Indians are similar to those of other urban minority groups—ignorance, language barriers, and a lack of familiarity with the procedures of government bureaucracies. However, for Indians, special problems emerge. Since most urban Indians, and nearly all urban Indian elderly, have lived at some time on the reservation, they have experienced the total dependence of reservation Indians on BIA programs. A move to the city necessitates a degree of personal responsibility in arranging for and receiving services, for which many are not prepared.

Mobility may also be a particular problem for Indians in terms of receiving services. Intracity mobility rates are higher for this group than other minorities. Perhaps more importantly, city-reservation mobility (the extent of which is largely unknown, particularly among the elderly) contributes to underutilization of available services. For example, some agencies require notification about a move, and other services—such as food stamps—require recertification at frequent intervals. If Indians are spending a good deal of their time on the reservation rather than in urban areas, their qualifications for these programs and their participation are likely to be minimal.

Just as with other minority groups, the lack of Indian personnel in services delivery agencies may have adverse effects on services utilization. This is particularly the case for nursing homes. Nursing homes for many residents become their total environments. After a person has lived for a long time among his or her own people, and is old, weakened, and lacking resources, it is difficult to be moved to a different cultural environment. Indeed one of the reasons offered for the disproportionately few Indians in nursing homes is that these homes rarely if ever employ Indian workers, and Indian cultural values are ignored (U.S. Senate 1972). In cases where some attempt is made to pay attention to Indian values (e.g., medicine men are allowed and encouraged to come into the home) Indian residents are considerably happier (U.S. Senate 1972). Attempts to construct nursing homes on reservations have met with critical mass and jurisdictional problems. States refuse to license homes on reservations because they are considered to be federal property. At the same time, federal monies cannot be used to fund unlicensed homes.

As is sometimes the case with other minority groups, cultural patterns that differ from the majority's may impede service use, usually through disqualification. For example, some commodity and food stamp programs require that the recipients live in a home in which there is no wage-earner. Since most elderly Indians are taken in by their families, at least some of whom are wage-earners, these people, although needy, may not qualify for help (Advisory Council 1971).

To generalize, a major problem in delivering services to Indians is that Indians represent a group whose cultural values and institutions conflict with Anglo values. Services to this group are almost exclusively imposed from the outside, and pursue objectives that seem ambivalent and foreign. Put simply, present-day problems of Indian communities are basically economic and psychological—poverty and the life styles of economic dependency (Jenny 1969). And seemingly well-conceived programs to help Indians are often impeded by their own bureaucracy and specifications.

RECOMMENDATIONS

Basically, what most writers recommend or demand (depending on their approach and political orientation) is greater Indian control over the government funded programs that are directed toward Indians (Advisory Council 1971; Castro 1972; DeGeyndt 1973; McClure and Taylor 1973). Indian self-determination would serve to ameliorate a number of the problems associated with current services delivery to the Indians. For one thing, if Indians planned and ran programs, issues of cultural incompatibility could be more easily resolved. Indians are more likely to understand such things as kinship systems and the requirements attached to them, and if given the leeway in terms of federal regulations, they could design programs that would be compatible with Indian values. In terms of services delivery, there is reason to think that Indians would be more likely to use services that were designed and run by Indians than they currently are to use government operated services. As discussed above, most Indians have strong feelings of distrust toward the government. If the government were more removed from programs, Indians might be more willing to participate. Some very weak data support this point. McClure and Taylor (1973) report without any data that Indians are using the services of the two Indian centers in Dallas. DeGeyndt (1973) asked his respondents if they "would go to a health care clinic if a lot of Indian people worked there"; 85 percent answered yes and only 6 percent answered no. Castro (1972) contends that many groups of urban Indians would prefer government sponsored social service programs channeled directly to Indian organizations such as the American Indian Center in Dallas. Indian control of such programs should not, however, be regarded as the panacea to problems of services delivery. Castro (1972) notes that many Indians are so suspicious and distrustful of the federal government that they avoid seeking federal funds for Indian operated projects. He quotes a woman (organization unspecified) who said that the government told them they were eligible for federal money, but that they rejected it because they did not want any strings attached.

In a more indirect manner, Indian self-determination on a real and continuing basis might contribute to increased group pride and important changes in Indian "personality". Many traits associated with Indians—e.g., apathy, noncompetitiveness—are no doubt a reaction to many years of paternalism and dependency (Driver 1969). Meaningful autonomy would be likely to increase the individual's and the group's sense of efficacy and give them more control over what happens in their lives. The Advisory Council contends that administrative control of programs is desirable because of traditional cultural values which require tribes to provide for the needs of the group. The council contends that this sense of unity still prevades the reservation today, although the tribe is rarely in a position to be able to meet members' needs.

Just how Indian-controlled programs would be conducted is unclear. On the reservation, such programs could be run by an intratribal council and therefore would not be subject to the potential problems and necessities of intertribal agreement. The Advisory Council on the Elderly American Indian contends that tribes continue to try to meet the needs of members, but lack the resources. Because of this concern for each member, tribes may be effective in administering and delivering services to members of their own group. No evidence is available on this point, however. In the cities, Indian self-determination would require intertribal councils and considerable cooperation. Nothing found in the literature indicates whether such a concept is feasible in the delivery of essential social services. Self-help for the elderly programs provide a successful model of services delivery to members of several minority groups. Certainly, there are some areas in which intertribal councils exist and appear to be meeting at least some of the needs of urban Indians (e.g., Dallas). However, even here, McClure and Taylor (1973) report that they heard a good deal of talk about tribal differences and lack of unity among Indians in Dallas. They do not, however, provide any direct evidence of this disunity. They note only small tribal differences on most of their survey items as an indicator of potential unity, but even this may not be a valid interpretation of data. In any case, the issue of intertribal cooperation in the delivery of services has not been addressed in an adequate manner. More research on these issues is called for.

The Advisory Council has made a point of stating that they do not seek earlier eligibility for social security retirement benefits to compensate for lower life expectancies among Indians. Instead, they seek more radical changes in the conditions that cause death at young ages. This is very much in contrast to some black writers, who argue that blacks, because of their greater likelihood of dying at an earlier age, should be entitled to early retirement and social security benefits at an earlier age. It is generally agreed that a major aspect of Indian programs must be concerned with economic development and the development of human capital. Through such programs Indians may eventually obtain some economic independence and the ability to be truly autonomous. Hence, a number of the recommendations in the literature address issues of economic development.

In urban areas, efforts toward economic development and human capital development and maintenance generally center around the establishment of centers, developed and staffed by Indians, which will ease the socialization of new arrivals from the reservation. Ablon (1965) notes that many Indians coming to urban areas have not had experience in using services agencies, want ads, newspapers, and other media. Very often Indians do not have well-developed job-search skills, or experience with the structure of the modern workplace. Recommendations in terms of services delivery must therefore cover a wide range.

The literature also contains the explicit and implicit suggestions that the federal government make many more efforts to inform state and local governments, as well as individual Indians and Indian organizations, about the limits of the authority of the BIA. While some refusals by local agencies to serve Indians may be made out of ignorance of the limits of BIA authority and jurisdiction, the recent experience with Vietnamese refugees suggests that pecuniary motivation may play an important role. These agencies may well regard Indians as the responsibility of the federal government and therefore be unwilling to spend their money on services to this group. As in the case of the Vietnamese, the federal government may need to allocate special monies to states to deliver services to Indians.

Frequently, urban Indians who have just migrated from the reservation seek the assistance of the BIA when they need social services. The BIA should be aware of its jurisdictional limits and make a point of explaining them and directing Indians to the appropriate agencies. It may also be argued that as the proportion of Indians living in urban areas increases, the BIA should assume responsibility for the social services needs of urban Indians. Being the agency for all Indians might facilitate more continuity of services than is now the case.

A whole set of recommendations about services delivery to Indians falls under the more general recommendation that programs be administered more flexibly, largely because Indians are a small group and therefore often do not form the critical mass required to cost-justify the provision of the desired services. As noted above, this is particularly the case for nursing homes. There is only one nursing home on a reservation at this time, and Indians would like to see many more. The economic argument is in some sense compelling—there simply are not enough potential patients to justify the cost of constructing such facilities. Depending on their world view or political perspective, Indian organizations and individuals offer two solutions to this problem. The Advisory Council on the Elderly American Indian (1971) suggests that need for such facilities not be predicated on the scale of operations. They argue that the government should be willing to make an economic sacrifice and place human needs above benefit-cost criteria. Another more sophisticated argument concerns program flexibility. The U.S. Senate Report, *Older Americans in Rural Areas* (1970), suggests that construction loans, generally designed to be used for only one specific purpose, be made flexible so that a multiservice center including some nursing home beds could be constructed on a reservation. A community that might need a facility with a nursing home, custodial care, and an acute hospital would have difficulty funding and building such a multiservice center under current federal policy.

Some of the other flexibility arguments are very similar to those suggested for the rural elderly in general. This is not surprising because although reservations are unique in many ways, they do have many of the characteristics of nonminority rural areas: transportation is difficult and problematic, numbers are small so that services are often not in the immediate area, and prices are considerably higher than in urban areas. Hence, some of the recommendations that have been made for rural elderly apply to Indians as well.

One concern is to provide better transportation on the reservation. Better transportation would be a compromise solution to the provison of services, by increasing access to services in nonreservation areas. In Senate Hearings on older Americans in rural areas

(U.S. Senate 1970), it was suggested that the considerably higher transportation costs incurred in running programs in rural areas should be written into programs for these areas.

It has also been suggested that some way be developed to more easily handle the high rates of mobility in Indian populations within the city and between city and reservation. In nearly all programs, frequent moves cause interrupted service, some of which is never again resumed. While some of this seems inevitable, it is interesting to look at the private sector for solutions to this problem. Banks with multiple branches in a city or a state have now begun to issue account credit cards which can be used to tie a depositor into a computerized system. Hence, it is no longer necessary for a depositor to return to his own branch every time he wishes to make a deposit or to withdraw funds. Such a model might be appropriate in delivering services to highly mobile minority groups and is worthy of further study.

Finally, it is suggested that the greater flexibility of programs include more personal choice. For example, the current government funding structure requires that an elderly person who needs a great deal of care be put into a nursing home in order to receive Medicare payments. Day care for elderly is not currently government funded, although as noted by *U.S. News & World Report* (1973) such programs would cost the government considerably less and would give elderly individuals and their family more choice about the kind of care the elderly person would receive. A similar recommendation of particular relevance to Indians is that in cases where elderly individuals wish to be taken care of by their families and the families are able to do so, government funds be given the family to provide this care. Again such care would unquestionably be cheaper than that provided in nursing homes, and given the fact that nursing homes are geographically inaccessible to most Indians today, it might be a viable short term as well as long term solution to the problem of providing nursing services. Study of this proposal, including a possible demonstration project, seems warranted.

SUMMARY

In many ways the problems of reservation and urban Indians are very different. While reservation Indians are in an environment to which they are accustomed and in which their customs can remain intact, they must cope with severe economic problems. In contrast, urban Indians experience culture shock in a new environment which they enter because of its greater economic opportunities. In terms of services delivery, reservation Indians are largely the concern of the Bureau of Indian Affairs. While they receive other funds such as housing money from HUD, it is primarily with the BIA that they must make their peace. In contrast, urban Indians are without the jurisdiction and concern of the BIA. Until recently, their existence in urban areas has been largely unnoticed. Coming from backgrounds and cultures in which overaggressiveness is discouraged and in which paternalism is the general policy of services-providing agencies, they have not made the necessary attempt to make themselves known or to receive the things that they need from available agencies. The problem is compounded, of course, because the personnel of the agencies with which they must deal are strangers to them, and it is to these strangers that they must assert their special needs. In many cases, these agencies are unwilling to serve them, feeling that the BIA should provide services to them.

Curiously, although their problems are different and their avenues of relief differ as well, many of the solutions to the problems of urban and reservation Indians are similar. In general, it is advocated that Indians both on the reservation and in urban areas be given control of programs designed to help them, and that urban Indians be helped to develop intertribal structures so that they can deliver services to members of their own group. As noted, the issue of utilization of services has become a political one. Younger more radical people assert that Indians do not get enough services or do not use the ones available, particularly in the city, and hence new methods of services delivery are essential. The minute amount of empirical data that exist suggests that at least in limited areas, Indians do take advantage to some extent of services such as welfare and health care. However, health, income, and educational statistics, as well as data on adequacy of housing, indicate that whatever the current level of utilization of services, the unmet needs of Indians are overwhelming.

In any consideration of the design or redesign of services delivery to Indians, it is important to keep in mind the unique relationship that Indians have and have had with the federal government. In this respect, Indians are quite unique from other minority groups. A number of spokespersons have suggested that under no conditions would Indians ever trust the government; such feelings may make it virtually impossible for any sort of services delivery programs to be established, since Indian communities are too poor to establish these on their own. But even among those of a more tolerant bent, many believe that Indians should be given real autonomy. Jenny (1969) notes that Indian hopes for autonomy were raised in the early 1960s with the advent of OEO programs. They were assured that their cultural values would be respected and that demonstration of need would be sufficient to insure funds. This was not entirely the case. Indeed, many of their proposals, while amply demonstrating need, failed to be funded because they did not meet bureaucratic standards. It cannot be stressed enough that problems like this must be avoided so that Indians can continue to work with the government in a partnership to assure a better life for their people.

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Statement of Understanding Concerning Improvement of Services To Elderly American Indians Between Agencies of The Department of Health, Education, and Welfare and The Department of Transportation

BACKGROUND

Measured by numbers alone, American Indians constitute only four-tenths of one percent of American Society. However, when measured by incidence of poverty, illness and privation, American Indians have needs far out of proportion to their numbers.

The reasons for these conditions are many and varied, but are primarily the result of past policies of the United States Government toward American Indians, policies that were paternalistic in nature, and frequently ignored the basic rights of American Indians as set forth in treaties negotiated between Indian Tribes and the United States Government.

By any social or economic indicator commonly used to reflect conditions under which people live, American Indians frequently fall into the lowest of categories. Abject poverty is the single most dominant factor in Indian life today. The 1970 census showed that the median Indian family income was $5,832 as compared to $9,590 for American families as a whole. Most Indian families living on the reservation or in rural areas had incomes that averaged approximately $3,000 per year. The unemployment level for American Indians is extremely high, at least 12 times the non-Indian rate for rural areas. It is estimated that three-fourths of all housing on Indian reservations is below minimal standards. While great improvements have been made in Indian health in recent years, vast disparities still exist between the health status of Indian and non-Indian groups—especially in the areas of sanitation, nutrition and related problems. Finally, one of the most critical problems facing Indians is the lack of transportation. This is especially true in isolated reservation or rural settings. Frequently, the expense and effort involved in securing transportation to basic needed services is overwhelming. Yet, more frequently, in remote reservation areas, transportation simply does not exist.

Whatever the living conditions of American Indians in general, the living conditions of elderly American Indians is even worse. Rarely reaching "old age" as measured by non-Indian society, living on isolated reservations, lacking in mobility, faced with major nutritional problems and having virtually no income, the elderly American Indian often finds daily living a struggle for basic survival! No other group of older Americans is faced with so stark a reality in their old age as is the elderly American Indian.

OBJECTIVES

In recognition of the unique and critical problems being faced by elderly American Indians: the Office of Native American Programs; the Administration on Aging, the Indian Health Service, the Public Services Administration and the Office of Indian Education of the Department of Health, Education, and Welfare, and the Office of Environmental Affairs of the Department of Transportation agree to work cooperatively to achieve the following objectives:

1. To expand the base of knowledge about the living conditions and needs of elderly American Indians, and to test various modes for more effectively meeting these needs;
2. To expand public awareness of the unique cultural needs and special problems faced by elderly American Indians, especially by those agencies at the Federal, State, and local levels having resources that can be used to serve this special group;
3. To increase the degree of direct involvement of Indian Tribes and Indian organizations in the development of policy, planning and programming for elderly American Indians at the Federal, State, and local levels, as well as increasing the number of American Indians professionally involved at all levels in the delivery of services to elderly American Indians; and
4. To expand the level of commitment of resources at the Federal, State, and local levels for serving the needs of elderly American Indians, and the number of Indian Tribes and Indian organizations which are the direct recipient of these funds for providing services to elderly American Indians.

OBJECTIVE ONE: *To expand the base of knowledge about the living conditions and needs of elderly American Indians, and to test various modes for more effectively meeting these needs*

To the end of promoting this objective:

- The Administration on Aging will: (1) prepare an updated statistical statement of the latest data currently available from all sources on the living conditions and social status of elderly American Indians; (2) work with Indian organizations and other agencies to develop research proposals designed to fill gaps in existing knowledge of elderly American Indians for funding with discretionary resources available to the Administration on Aging, for which the Administration on Aging will give special consideration for funding; (3) work with Indian organizations and other agencies to develop demonstration proposals designed to more effectively meet the special needs of elderly American Indians for funding with discretionary funds available to the Administration on Aging, for which the Administration on Aging will (4) encourage all appropriate State and Area Agencies on Aging to utilize a portion of their Title III and Title VII allotments to test new approaches to meeting the special needs of elderly American Indians in their State or Area.

- The Office of Native American Programs will: (1) in cooperation with the Administration on Aging, gather and disseminate data on the needs and status of elderly American Indians; (2) identify Indian Tribes and organizations which have the capability to develop and conduct research and demonstration proposals designed to increase the knowledge of the needs and status of elderly Indians; (3) in conjunction with the Administration on Aging, provide funds for research and demonstration projects relative to elderly American Indians; and (4) encourage its grantees to gather and make available statistics on data on their elderly Indian members, which will be shared with other agencies having concern for elderly American Indians.
- The Public Services Administration will: encourage States, as appropriate, to identify in their Annual Comprehensive Service Plans localities, services, methods of service delivery, and assessments of needs with respect to the special needs of elderly American Indians.
- The Indian Health Service will: (1) develop a health profile, by IHS Area, based on existing morbidity and mortality statistics of elderly American Indians eligible for IHS services; and (2) identify those IHS Service Units, within each Area, whose elderly American Indian population (60+ years) is either significant in numbers or over 6% of the total Indian population within that Unit.

Objective Two: *To expand public awareness of the unique cultural needs and special problems faced by elderly American Indians, especially by those agencies and organizations at the Federal, State, and local levels having resources that can be used to serve this special group.*

To the end of promoting this objective:

- The Administration on Aging will: (1) develop a special pamphlet on elderly American Indians showing their unique living conditions, cultural needs and special relationships with the United States Government; (2) make widespread distributions of the above mentioned pamphlet and statistical statement mentioned in Objective 1 to the national network of Aging agencies and all other appropriate agencies having concern or resources that can be used to serve elderly American Indians; (3) to provide for special training for appropriate Central Office, Regional Office, and State agency on Aging staff, designed to educate such individuals on the unique and special needs and status of elderly American Indians; and (4) encourage State Agencies on Aging to develop, where appropriate, similar training programs concerning elderly American Indians for Area Agency on Aging and Title VII Nutrition Project Directors.
- The Office of Native American Programs will: (1) provide information and assistance to the Administration on Aging in the development of a pamphlet on elderly American Indians; (2) assist the Administration on Aging in the widespread distribution of this pamphlet, particularly to Indian communities and appropriate national Indian organizations; (3) in conjunction and cooperation with the Administration on Aging, provide special training for Central Office and Regional Office staff of the Office of Native American Programs and selected staff of grantees of the Office of Native American Programs, in order to educate them as to the unique circumstances of older Indian people; (4) disseminate to its grantees, wherever practical, all available information pertinent to elderly American Indians; and (5) encourage its grantees to provide training to their staffs, as well as to the staff of State and local agencies, relative to the needs of elderly Indians.
- The Public Services Administration will: (1) assist the Administration on Aging and the Office of Native American Programs in the development of a special pamphlet on elderly American Indians by preparing and making available information on Title XX service programs as requested; (2) make widespread distribution of the pamphlet and statistical reports prepared by the Administration on Aging and the Office of Native American Programs to SRS Regional Offices so as to encourage State and local agencies to use the data, to the extent possible, for program planning of Title XX programs; (3) cooperate in the planning and development of special training opportunities offered by the Administration on Aging and the Office of Native American Programs for appropriate Central Office, Regional Office and State Agency staff to educate such persons on the unique and special needs of elderly American Indians and on how Title XX might be utilized to meet these needs; and (4) encourage State Agencies to participate in efforts similar to that described above.
- The Indian Health Service will: (1) provide information to the Administration on Aging for development of a pamphlet on elderly American Indians; and (2) in conjunction and cooperation

with the Administration on Aging and the Office of Native American Programs, sponsor short-term training for Indian Health Service staff and tribal employees in order to acquaint them with the special needs of elderly American Indians.

- The Office of Indian Education will: (1) during its national, State and local meetings, stress the need for services to elderly American Indians; and (2) encourage the participation of elderly American Indians on the governing boards of its grantees so as to ensure grantee awareness of the special problems faced by elderly American Indians.

Objective Three: *To increase the degree of direct involvement of Indian Tribes and organizations in the development of policy, planning and programming for elderly American Indians at the Federal, State, and local levels, as well as increasing the number of American Indians professionally involved at all levels in the delivery of services to elderly American Indians.*

To the end of promoting this objective:

- The Administration on Aging will: (1) negotiate a technical assistance contract(s) with an Indian organization(s) for the purpose of providing assistance to State Agencies and Area Agencies on Aging and Title VII Nutrition Projects, and any other public or private agency, relative to the provision of effective services to elderly American Indians; (2) encourage and support the enrollment of Indian students in graduate and undergraduate programs in gerontology being funded under Title IV-A of the Older Americans Act; (3) encourage State Agencies on Aging, where appropriate, to develop training programs at the State and local levels to train Indians to serve in para-professional and professional positions in the field of aging; (4) encourage appropriate State and Area Agencies to hire Indians in para-professional and professional staff positions; (5) set as a priority for the Administration on Aging the hiring of an appropriate number of Indians in professional positions to serve in the Central Office and appropriate Regional Offices; (6) encourage selected States to have representatives of the Indian community on State and Area Agency on Aging and Title VII Project Advisory Committees and (7) place Indian organizations and Tribal Groups on the official mailing list for all aging policy and informational materials.
- The Office of Native American Programs will: (1) identify Indian Tribal Groups, organizations and agencies having the potential of contracting with appropriate Federal, State and local agencies for the purpose of addressing the needs and interests of elderly American Indians; (2) in cooperation with the Administration on Aging, provide funds for letting a contract(s), for the purpose of assisting any State or local public or private agency provide effective services to elderly American Indians; (3) encourage other Regional, State, and local agencies to negotiate similar contracts; (4) encourage Indian Tribal groups and organizations to identify Indians qualified for placement, and assist in the recruitment and placement of potential Indian students, in graduate and undergraduate levels in the field of gerontology; (5) encourage Indian Tribal groups and organizations to identify Indians and assist in recruiting them for para-professional positions in aging; and (6) encourage grantees to earmark funds for in-service training of individuals to better serve elderly American Indians.
- The Public Services Administration will: (1) encourage SRS Regional Offices and State Agencies to cooperate with their Administration on Aging and Office of Native American Programs counterparts relative to including representatives from the Indian community in the Annual Comprehensive Service Plan planning process, and serving on related advisory groups for input to programs on a continuous basis; (2) encourage State Agencies to make special efforts, through mechanisms available under Title XX, to extend training opportunities to Indians for professional training at graduate and undergraduate levels; and (3) encourage appropriate State and local agencies to hire Indians in para-professional and professional positions and to utilize trained Indian volunteers in all phases of Title XX service program development and operation.
- The Indian Health Service will: assist Indian persons interested in health careers in the field of gerontology to determine the preparation needed for pursuit of such careers and to locate potential resources for educational support in this regard.
- The Office of Indian Education will: (1) encourage the Office of Education to require Indian involvement in the drafting and/or review of rules and regulations that affect elderly American Indians; and (2) encourage grantees to use elderly American Indians with their various talents to work with children in tutoring, foster care and in the planning of educational related programs.
- The Department of Transportation will: encourage the Bureau of Indian Affairs, DOT's grantee under the Highway Safety Act of 1966, as amended, to request Indian Tribes receiving State and community highway traffic safety grants to stress driver education to those elderly American Indians who are now drivers with licenses or to those who are planning to apply for drivers licenses.

Objective Four: *To expand the level of commitment of resources at the Federal, State, and local levels for serving the needs of elderly American Indians, and the number of Indian Tribes and organizations which are the direct recipient of these funds for providing*

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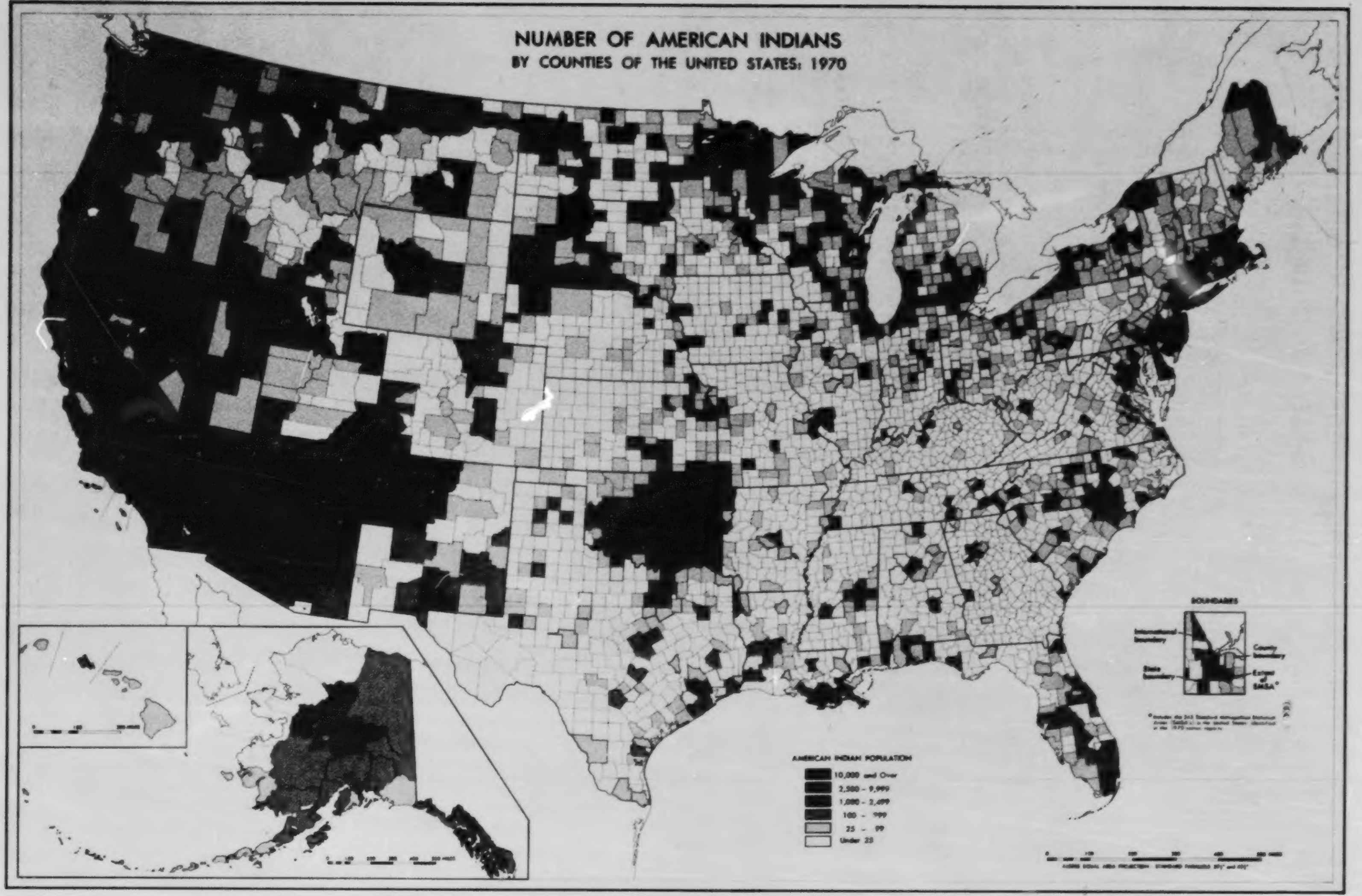
services to elderly American Indians.

To the end of promoting this objective:

- The Administration on Aging will: (1) encourage State and Area Agencies on Aging, as appropriate, to annually earmark adequate resources for programs designed to serve the special needs of elderly American Indians; (2) to encourage State and Area Agencies on Aging, as appropriate, to award Title III and Title VII funds for serving elderly American Indians directly to Indian Tribes and organizations for the provision of services; (3) place a special emphasis in all evaluation activities undertaken of the Title III and Title VII programs to determine the extent to which elderly American Indians are being served and the objectives of this agreement are being met; and (4) encourage the participation of other appropriate Federal Agencies to cooperate with the Administration on Aging and the Office of Native American Programs in the implementation of this agreement and expanding the extent to which available resources are utilized to meet the special needs of elderly American Indians.
- The Office of Native American Programs will: (1) encourage and assist its grantees to increase their involvement in activities that provide services to elderly American Indians, including redirecting portions of their existing funding allocations from the Office of Native American Programs, where appropriate, to meet the needs of elderly American Indians; (2) encourage the participation of other Federal Agencies to cooperate in the implementation of this agreement and expanding the extent to which available resources are utilized to meet the special needs of elderly American Indians; and (3) serve as a conduit for funding from other Federal Agencies for the purpose of developing or implementing programs and/or services for elderly American Indians.
- The Public Services Administration will cooperate with other Federal agencies and Native American organizations to develop pilot programs and demonstration projects to assess and serve the needs of Native Americans, and will encourage grantees to direct special attention to the elderly in such undertakings.
- The Indian Health Service will: (1) relate information gathered under objective number 1 to Indian Health Service resources available for determining gaps, overlaps, etc. in services; (2) work with other agencies—Federal, State, and local—to identify all resources that could impact on medical needs not met by Indian Health Service as well as on other health related needs as perceived by Indian communities, especially by the elderly members of those communities; and (3) develop with Federal, State, and local agencies a plan for the redirection of resources to elderly American Indians both where necessary and when desired by Indian communities.
- The Office of Indian Education will: (1) assist in the establishment and operation of programs for elderly American Indians which are designed to provide basic literacy, high school equivalency and continuing education, including consumer and legal education; (2) assist elderly American Indians in gaining access to Indian education programs; and (3) support planning, pilot and demonstration projects which are designed to test and demonstrate the effectiveness of programs for improving employment and educational opportunities for elderly American Indians.
- The Department of Transportation will: (1) encourage the Bureau of Indian Affairs, its grantees under the Highway Safety Act of 1966, as amended, to influence Indian Tribes receiving highway safety funds to increase their involvement in activities for elderly American Indians which pertain to the Highway Safety Act; and (2) through the Federal Highway Administration and the Urban Mass Transportation Administration, provide technical assistance to those Indian Tribes that receive grants under the Rural Highway Public Transportation Demonstration Program so as to ensure the development of viable rural public transportation demonstration projects and to encourage such projects to serve, to the extent feasible, the transportation needs of elderly American Indians.

Signed in Washington

September 17, 1975 Date	/s/ Arthur S. Flemming Commissioner on Aging Office of Human Development Department of Health, Education, and Welfare
September 17, 1975 Date	/s/ Dr. George Blue Spruce Director Office of Native American Programs Office of Human Development Department of Health, Education, and Welfare
March 18, 1976 Date	/s/ Mrs. Judith T. Connor Assistant Secretary for Environment, Safety, and Consumer Affairs Department of Transportation
March 26, 1976 Date	/s/ Mr. Michio Suzuki Acting Commissioner Public Services Administration Social and Rehabilitation Services Department of Health, Education, and Welfare
February 17, 1976 Date	/s/ Dr. Emery A. Johnson Director, Indian Health Service Public Health Service Department of Health, Education, and Welfare
March 1, 1976 Date	/s/ Dr. William G. Demmert Deputy Commissioner Office of Indian Education Office of Education Department of Health, Education, and Welfare



NUMBER OF AMERICAN INDIANS
BY COUNTIES OF THE UNITED STATES: 1970

AMERICAN INDIAN POPULATION
10,000 and Over
2,500 - 9,999
1,000 - 2,499
100 - 999
25 - 99
Under 25
BOUNDARIES
International boundary
State boundary
County boundary
Extent of SMSA*

Indian Health Service:
A Health Profile of The Aging and Aged Service Population With a Report on Related Activities

Prepared by:
Indian Health Service Committee on Aging*

INTRODUCTION

The Indian Health Service (IHS) provides a full range of preventive, curative and rehabilitative health services to the 537,999 Indians and Native Alaskans comprising its service population. These services are delivered through a network of 51 hospitals, 99 health and school health centers, and more than 300 field stations. Further, Indian Health Service maintains contracts for specialty care not available in its own facilities or for any type of care not conveniently available in its own facilities. These contracts are with private and community hospitals, state and local health departments, and individual health providers, including physicians, dentists, and pharmacists.

HEALTH PROFILE

While the population served by IHS is younger (median age, 18.6) than that of the United States in general (28.1), the number of aged has been increasing. Life expectancy at birth has increased 5.1 years between 1950 and 1970. In 1970, life expectancy at birth for reservation Indians was 65.1 years as compared to 70.9 years for the U.S. Approximately 19 percent of the IHS population is over 45 years of age as compared to 31 percent for the U.S. population. Slightly over 8 percent of the IHS service population is over 60 years of age as compared to 15 percent of the U.S. population.

Table 1 shows the distribution of Indian and Alaska Native aging and aged service population for the 11 major Area and Program Offices of Indian Health Service. For operational purposes, these offices are divided into Service Units relating to specific geographic locations, the central focus of which is usually a hospital.

Comparisons of the four leading causes of death for aging and aged Indians with those for the U.S. population are presented in Table 2. The rank order of the leading causes of death varied considerably between the Indian and U.S. population in the 45-59 age group. However, on a percentage basis the Indians show a fairly even distribution among the four leading

TABLE 1.

Number and Percent Distribution of Indian Service Population by Area and U.S. Resident Population for Aging and Aged.*

IHS AREA	TOTAL	Age Groups 45-59 Number	Percent	60 + Number	Percent	65 + Number	Percent
Aberdeen	48,693	4,753	9.8	3,841	7.9	2,677	5.5
Alaska	54,719	5,202	9.5	3,164	5.8	2,125	3.9
Albuquerque	36,979	3,610	9.8	3,063	8.3	2,138	5.8
Bemidji	24,877	2,727	11.0	2,301	9.2	1,557	6.3
Billings	29,446	2,944	10.0	2,065	7.0	1,450	4.9
Navajo	121,592	10,015	8.2	7,008	5.8	4,762	3.9
Oklahoma City	116,394	16,268	14.0	16,347	14.0	11,678	10.0
Phoenix	54,274	4,894	9.0	4,212	7.8	2,924	5.4
Portland	28,403	3,210	11.3	2,415	8.5	1,654	5.8
Tucson	10,592	955	9.0	823	7.8	571	5.4
USET	12,030	1,185	9.8	926	7.7	572	4.8
TOTAL IHS	537,999	55,763	10.4	46,165	8.6	32,108	6.0
TOTAL U.S.	211,390,000	34,115,000	16.1	31,021,000	14.7	21,815,000	10.3

*IHS population July 1, 1975; U.S. population July 1, 1974.

SOURCE: Office of Program Statistics
Indian Health Service
December 1976

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* Members are listed on last page of this report.

TABLE 2.

Four Leading Causes of Deaths Among Aging and Aged Indians and Alaska Natives in IHS Service Population Compared to U.S. Population, CY 1974

Disease by Rank Order of Occurrence	*Indians and Native Alaskans* Percent	*U.S. Population* Percent	*U.S. Population* Rank
45—59 Years of Age			
Diseases of the Heart	20.3	34.1	(1)
Accidents	16.9	5.3	(3)
Cirrhosis of the Liver	13.7	4.9	(4)
Malignant Neoplasms	13.1	27.9	(2)
60 Years of Age and Over			
Diseases of the Heart	32.1	44.0	(1)
Malignant Neoplasms	14.0	18.2	(2)
Influenza and Pneumonia	5.5	3.1	(3)
Accidents	5.2	2.1	(5)
65 Years of Age and Over			
Diseases of the Heart	32.2	44.7	(1)
Malignant Neoplasms	13.5	16.9	(2)
Influenza and Pneumonia	5.8	3.3	(3)
Accidents	4.5	2.0	(5)

SOURCE: Office of Program Statistics
Indian Health Service
December 1976

causes as contrasted by a sharp and higher clustering of deaths for the first two rank causes of death among the U.S. population. It can be noted that after age 60 and after age 65 the three leading causes of death and rank order are the same in both the Indian and U.S. populations.

The number and percent of hospital discharges by selected diagnostic categories are presented in Table 3. These categories are part of the standard classification system (ICDA) used universally. Neoplasms include all types of cancer and tumors; endocrine, nutritional and metabolic disorders cover diabetes, protein malnutrition and vitamin deficiencies. Blood and blood forming organs pertain to iron deficiency anemia; musculoskeletal system and connective tissues, to rheumatoid arthritis and other bone and joint disorders. Circulatory system diseases include hypertension disaeas, as well as cerebrovascular, other heart and arterial disorders.

The five leading causes of hospitalization among the people 45-64 years of age are accidents, poisoning and violence; digestive system diseases, circulatory system diseases; mental disorders; and respiratory system disease. As expected, more than 30 percent of the discharges within each of the following groups—circulatory diseases; endocrine, nutritional and metabolic (primarily diabetes mellitus); and neoplasms are charged to this age group.

For those 65 years and over, the rank order is quite different. The leading causes of hospitalization are circulatory system diseases; respiratory system diseases; digestive system diseases; accidents, poison-

TABLE 3.

Number and Percent of Discharges for each Selected Diagnostic Category, from IHS and Contract Hospitals for Aging and Aged Indians and Alaska Natives, FY 1976 *

Diagnostic Category	Total All Ages	Age Groups 45—64 Number	45—64 Percentage	65 + Number	65 + Percentage
Total, All Diagnoses	104,457	15,440	14.8	9,616	9.2
Accidents, Poisoning and Violence	14,929	1,885	12.6	799	5.4
Respiratory System Diseases	11,101	1,199	10.8	1,247	11.2
Digestive System Diseases	7,633	1,841	24.1	823	10.8
Mental Disorders	6,890	1,511	21.9	340	4.9
Nervous System & Sensory Organs	5,828	846	14.5	673	11.5
Circulatory System Diseases	4,676	1,742	37.3	1,667	35.7
Endocrine, Nutritional & Metabolic	2,636	1,039	39.4	517	19.6
Neoplasms	2,080	710	34.1	579	27.8
Musculoskeletal System and Connecting Tissue	2,058	594	28.9	219	10.6
Blood and Blood Forming Organs	488	79	16.2	71	14.5
All Other	46,138	3,994	8.6	2,681	5.8

* Provisional figures

SOURCE: Office of Program Statistics
Indian Health Service
December 1976

ings and violence; and nervous system and sensory organs. This age group had percents of discharges of the circulatory system diseases and neoplasms of 36 and 28, respectively. It should be noted that the percent of aging and aged discharges of the total has been increasing gradually through the years.

Table 4 depicts hospital days, by the same diagnostic categories used in the previous table. In studying Table 4, it should be kept in mind that approximately 15 and 9 percent of all hospital discharges were for those 45-64 and 65 years of age and over, respectively. These two age groups accounted for 21 percent and 15 percent of the hospital days. The average length of stay has been decreasing for these age groups over time; and in FY 1976, the average stay was 8.3 and 9.8 days.

Specifically, Indians and Alaska Natives 45-64 years of age account for 40.3 percent of the hospital days

TABLE 4.

Hospital Days, Number and Percent, for Each Selected Diagnostic Category for Aging and Aged Indians and Alaska Natives, IHS and Contract Hospitals, FY 1976 *

		Age Groups			
	Total	45—64		65 +	
Diagnostic Category	All Ages	Number	Percentage	Number	Percentage
Total	626,966	128,679	20.5	94,252	15.0
Accidents, Poisoning and Violence	89,195	15,507	17.4	8,924	10.0
Respiratory System Diseases	59,475	8,708	14.6	10,522	17.7
Digestive System Diseases	59,459	17,601	29.6	8,308	13.8
Mental Disorders	40,678	9,756	24.0	3,336	8.2
Nervous System & Sensory Organs	34,970	6,314	18.1	5,653	16.2
Circulatory System Diseases	40,381	14,271	35.3	16,223	40.2
Endocrine, Nutritional & Metabolic	23,081	9,289	40.3	5,670	24.6
Neoplasms	21,311	8,502	39.9	7,324	34.4
Musculoskeletal System and Connecting Tissue	19,642	6,556	33.4	2,416	12.3
Blood and Blood Forming Organs	3,066	692	22.6	629	20.5
All Other	235,708	31,483	13.4	25,247	10.7

*Provisional figures

SOURCE: Office of Program Statistics
Indian Health Service
December 1976

TABLE 5.

Number and Percent of Disease Conditions Among Aging and Aged Indians and Alaska Natives Treated During an Outpatient Visit to IHS Facility, by Diagnostic Category, FY 1976

		Age Groups			
	Total	45—64		65 +	
Diagnostic Category	All Ages	Number	Percentage	Number	Percentage
Total	2,812,821	425,029	15.1	214,383	7.6
Upper Respiratory Infection	240,341	19,725	8.1	8,805	3.7
Diabetes Mellitus	92,320	47,604	51.6	23,144	25.1
Hypertension Disease	82,175	39,725	48.3	20,935	25.5
Acute Otitis Media	81,126	1,790	2.2	1,479	1.8
Well Child Care	80,567	282	0.4	1,026	1.3
Prenatal Care	80,177	389	0.5	656	0.8
Physical Examinations	74,689	5,840	7.8	2,065	2.8
Preventive Health Services	72,136	9,317	12.9	4,936	6.8
Laceration Open Wound	58,158	4,897	8.4	1,855	3.2
All Other	1,951,132	295,460	15.1	149,482	7.7

SOURCE: Office of Program Statistics
Indian Health Service
December 1976

attributed to endocrine, nutritional and metabolic diseases; those over 65 years of age use 40.2 percent of the hospital days shown for circulatory diseases and 34.4 percent of the hospital days shown for neoplasms, or cancer.

The last Table, 5, indicates the number and percent of diseases and injuries, by diagnostic category among aging and aged Indians and Native Alaskans that are seen in IHS outpatient facilities. Well Child Care and Prenatal Care are included among the diagnostic categories because older persons use these facilities on an unscheduled basis for general medical or emergency services in the absence of other providers. For both age groups, 45-64 and 65 and over, diabetes mellitus and hypertension disease account for the most frequent reasons for utilization of the outpatient facilities.

Attempts are being made to collect utilization data on the basis of the primary provider—physician, nurse, etc.—to determine which professional's services are used most frequently and for what. Also, there is a continuing effort to refine reporting requirements; and as assessments of individual needs on a case-by-case basis are made, these may result in a greater variety of information beyond causes of death and illness, hospital discharges, and outpatient visits upon which to base a health profile for aging and aged Indians.

NOTE: Consultation on statistical data provided by Mr. Mozart Spector, Director, Office of Progam Statistics, IHS Headquarters.

INDIAN HEALTH SERVICE COMMITTEE ON AGING

Prior to the first National Indian Conference on Aging, IHS formed an in-house Committee on Aging. This Committee consists of one representative from each IHS Area and Program Office and headquarters. This purpose is to provide a focus within IHS for the planning, development and coordination of activities to meet the needs of the Indian aging and aged served by IHS.

COMMUNITY CHECKLIST

One of the first things this Committee did was to develop a checklist, together with descriptions, of desirable community health services to be considered when assessing the needs of aging and aged individuals and when identifying resources and gaps in resources required to fill needs. The services include, but are not limited to:

1. **Periodic Health Appraisals** - At a minimum, this should be an assessment based on (a) a physical examination or (b) a review of an individual's medical records plus professional opinion based on recent observations of the individual.
2. **Dental Services** - These include any services provided by a dentist or dental hygienist for preventive or therapeutic purposes. Dentures and other prostheses would be supplied.
3. **Nursing Services** - These include all levels of nursing care to assist the individual, sick or well, in the performance of those activities contributing to health or its recovery (or to a peaceful death) that the individual being assisted would provide unaided if he/she had the necessary strength, will, or knowledge. Nursing services include identification of actual and potential health problems; diagnosis and treatment of human responses to physical and emotional health problems through such services as case finding, management of health problems, health counselling and teaching; provision of care supportive to, or restorative of life and well-being; and assistance to the patient to comply with the medical regimen prescribed by a licensed physician or dentist.
4. **Social Services** - These services put the patient and/or his family in touch with the proper community resource. Some or all of the service could be directed toward placing persons in various facilities for care; solving social and family problems; assisting with financial problems and problems involving employment, housing, mental health; assisting with legal matters, education, rehabilitation or any health-related problem of the aging and aged. Social services as described here are among those provided by many community information and referral services maintained as separate professionally staffed organizational entities when the size of a community and complexity of its resources indicate this need.
5. **Rehabilitation Services** - These services are a component of all medical care—preventive, diagnostic, therapeutic and restorative to prevent and control disability. Through service rendered either in an institutional or home setting by a host of professionals—physicians; therapists (physical, occupational, speech, and hearing); nurses; nutritionists; social workers; and other health practitioners—an individual is helped to achieve and maintain his highest level of functional capacity.
6. **Mental Health Services** - Specialized services for the elderly will provide for diagnosis, treatment, liaison, and follow-up. Additionally, a full range of community services, such as inpatient and outpatient care and emergency services, will be available. Assistance will be available also for screening mental health facility referrals and for follow-up of mental health facility discharges. Where needed, alcohol and drug abuse services will be provided. Consultation and education services for a wide range of individuals and entities, e.g., state and local law enforcement agencies, public health and welfare delivery services, and clergy, would be an integral part of any comprehensive mental health program.

7. **Health Education Services** - Minimally, these services provide for special educational programs—individual counselling or group instruction—related to detection, prevention, and control of health problems for which aged individuals are at high risk, e.g., diabetes, accidents, hypertension, and cancer.
8. **Nutrition and Dietetic Counselling Services** - These are services to provide help and guidance with normal and therapeutic diets as prescribed by the physician. The service may be provided directly or indirectly by a qualified dietitian and/or nutritionist on a group and/or individual basis. If the service is provided by a health worker other than a dietitian and/or nutritionist, he should receive consultation from a qualified dietitian and/or nutritionist. As for consultation, the nutritionist in public health brings to the attention of administrators, medical and paramedical personnel current scientific findings in food and nutrition and relates these to agency programs and to cultural patterns of individuals served.
9. **Homemaker Services** - Homemaker services provide for the overall management of a home during a family member's illness and include such services as light housekeeping, meal preparation and laundry.
10. **Home Health Aide** - The home health aide provides personal care services, such as bathing and dressing a patient, under health supervision.
11. **Food Services** - These include congregate feeding and home delivered meals programs. These are food service activities and should not be confused with the nutrition and dietetic counselling services described in item 8.
12. **Transportation and Escort Services** - This can include: (a) an organized transportation system with regularly scheduled vehicles or (b) transportation by car or other means provided on an individual request basis, with or without escort services.
13. **Recreation Services** - These are services provided at a senior center, other community facilities, or in an individual's home for purpose of improving or maintaining the individual's physical, social, and emotional health.
14. **Translation or Interpreter Services** - This refers to the use of linguists.
15. **Hospital Inpatient Care Services** - This includes general medical and surgical services plus special geriatric and other support services.
16. **Domiciliary Care other than Hospital** - This includes care provided in skilled, intermediate, and extended care facilities; half-way houses; boarding homes; day care centers; and special housing for the elderly.
17. **Emergency Medical Services** - These include ambulance services using trained staff familiar with the special handling requirements of the aging and aged.
18. **Environmental Health Services** - These services would be addressed to accident prevention, sanitation, and housing.
19. **Other Support Services** - Illustratively, this category includes specialty services, such as podiatry and ophthalmology; specialty clinics, such as those for diabetes and arthritis; and specialty programs for disease detection, including screening for individual conditions or multiple unrecognized diseases or defects. In addition, this category could include the involvement of traditional native healers and opportunities for cultural exchanges between younger and older generations.

ONGOING SERVICES PROVIDED BY IHS:

To date, Indian Health Service has not organized separate programs for the aging and aged, but it has provided and continues to provide specific services designed to minimize the health problems of the Indian elderly. Among the services are those that provide for:

...Identification of aging and aged persons and their problems during the course of day-to-day health operations throughout Reservations and Indian communities.

...Coordination of professional services—medical, nursing and social services, primarily—to meet immediate health and social needs and crises and to prevent reoccurence of same.

...Individual counselling, such as that given by IHS pharmacists to elderly persons on maintenance drugs; or group instruction directed toward improving nutritional health, taking into consideration Indian and Alaska Native food habits and cultural practices.

...Utilization of all resources—local, state, and federal—to alleviate special problems, such as alcoholism, and to encourage the development of responsive tribal programs.

In addition, the aging and aged are benefited by the training of Indian health professionals, particularly physician assistants and social work associates. Similarly, the use of Indian outreach workers helps bridge the language and cultural gap between the elderly and the non-Indian health professional.

CURRENT ACTIVITIES: AREA LEVEL

Excerpts from reports prepared recently by members of the Indian Health Service Committee on Aging are included to reflect the different aspects of and approaches to validating the needs of the aging and aged as well as to share information about plans and progress.

Aberdeen Area

"Profiles of aging population have been developed for each Service Unit in the Area, highlights of which indicate:

a. Approximately 17.5% of the estimated Indian population in the Aberdeen Area for FY 1976 was 45 years of age or older. In one Service Unit, 26% of the estimated Indian population was 45 years of age or older.
b. The leading causes of IHS hospitalization for the aging and aged was mental disorders, including alcoholism; accidents caused by violence or poisoning; circulatory diseases; and digestive system disorders.
c. The leading health problem for this group (45 years and over) was endocrine, nutritional and metabolic diseases, and diseases of the circulatory system.
d. Leading causes of first visit for outpatient care were diseases of the respiratory system, accidents and trauma.
e. The leading causes of death for the aging and aged were diseases of the heart and malignant neoplasms.

"A survey was accomplished which assesses the services available to aged Indians in all Service Units in the Aberdeen Area. Twenty-six basic services were reviewed, and it appears few reservations now receive a full range of health, social and economic services aimed at assisting the aged.

"Future plans call for each Service Unit to designate a coordinator for aging programs. We also plan to develop a method for obtaining identification on those persons within the 45-65+ age group, together with a health assessment form to determine an individual's health status.

"Information on potential new sources of funding has been made available to Tribes; and while training relating to the specific needs of the aged has not yet been arranged for Tribal people due to a lack of funds, many individuals have participated in training offered by the State Offices of Aging in North and South Dakota."

Albuquerque Area

"The Albuquerque Indian Health Service area has developed an emphasis program for aging and aged Indians within the framework of the resolutions developed at the National Indian Conference on Aging. The structure for coordinating and implementing activities for aging and aged is in the process of development. The Albuquerque Area Office is participating in a project to develop, test and apply methodology for designing and implementing multiservice delivery systems for elderly Native Americans. This project is funded by the Administration on Aging, and the grantee is the University of New Mexico which in turn contracts with the All Indian Pueblo Council. The project is to be completed in FY 1977.

"The Albuquerque Indian Health Area office funded and provided technical assistance to evaluate and develop a service plan for elderly health needs on the Laguna Reservation. As a result, construction for the Laguna Tribe Home for the Elderly will begin in the spring of 1977. Indian Health Service continues to be involved in planning for operation and staffing of this facility. Albuquerque IHS Area maintains a current register of aged Indians eligible for Title XVIII, Medicare, to insure that these services are used for eligible Indian people to the fullest extent possible.

"A file on Gerontology Training material is being maintained in the Area office. Six leading problems for aging and aged Indians, in rank order, for the Albuquerque Area according to the Social Service-Mental Health reporting are:

1. Chronic physical illness and disability
2. Nursing Home care
3. Alcohol misuse
4. Financial problems
5. Anxiety
6. Home Health needs (transportation, homemaker, visiting nurse, etc.)

"These problems are similar to those identified in the National Indian Conference on Aging and the Laguna study on needs of the elderly. The Albuquerque Area representative on the IHS Committee on Aging attended the first meeting of the new National Indian Council on Aging held in Albuquerque on November 3 and 4, 1976. And with the establishment of the Council office in Albuquerque, will help coordinate activities of the IHS Committee with those of the Council."

Billings Area

"Although the needs and problems of the aging and aged are not new, we have not in the Billings Area, IHS, attempted to provide special health services for these specific age groups. The approach to be used during FY 1977 will be to identify the aging and aged population within the specified age groups; i.e., 45-59 years and 60 plus years. It will be necessary to explore with tribal health boards, IHS staff and possibly other ancillary staff, their interest and concern in health matters pertaining to the aging and aged. In addition, it will be necessary to assist staffs and the local communities in developing meaningful information to support basic essential services not now available and to determine gaps in health services and methods of meeting these needs.

"Accomplishments to date have included visits to at least four Service Units at which time personal contacts have been made with either Tribal Health Department Directors and staff or with other authorized tribal officials if no Board existed at the time. During these contacts, an overview of the National Conference and our current concern about the aging and the aged was presented. The same procedure was followed with our own Community Health staff. Also, at our request, each Service Unit has appointed a liaison person with the tribal person who is responsible for matters pertaining to the aging and the aged.

"Prior to the Billings Area Community Health Representatives Annual Conference, we shared information, written and verbal, on the National Conference on Aging and Aged. As a result, the Area Health Educator and the Planning Committee decided to delegate a portion of the Conference to matters pertaining to "Senior Citizens".

"As pertinent information on aging is received, if quantities are insufficient, copies are duplicated and distributed to the Health Department Directors, Community Health Representatives, Community Health Nurses, and Social Service/Mental Health staffs. The Area Social Service/Mental Health, having established good rapport with the Bureau of Aging staff and the Urban Indian Association officials, has been instrumental in making speakers from these sources available for tribal groups.

"A contract for the health assessment of the aging and aged population was negotiated in September 1976 with the Rocky Boy's Health Board, the Tribal evaluation organization." [Four reservations will be involved initially: Blackfeet, Flathead, Fort Belknap, and Rocky Boy's. Information will be documented on inpatient and outpatient visits; major health problems, including mental health problems; medications; transportation; and living arrangements, among other things.]

Navajo Area

"*Data Collection.* In conjunction with ONEO and CHR Programs, data gathering now proceeding which will identify major health and environmental problems of Navajo elderly (ages 60+) by Chapters. A cursory glance shows arthritis, eye problem, ear problem, diabetes, high blood pressure appearing very frequently as a major health concern among the individuals listed. Housing is the most commonly cited environmental concern. Approximately half of the Chapters have reported.

"*Service Unit Committees on Aging.* These have been established under PHN and Community Health Personnel.

"*Hearings.* In San Francisco on Home Health Care in October, the Director of Community Health Services at Gallup Indian Medical Center presented the Navajo Nation report and a proposal for "Home Health Care Program". This was a joint effort of Navajo Tribe and Indian Health Service.

"*Navajo Nation Council on Aging.* The most intense reservation wide effort is now centered around the establishment of a Navajo Nation Council on Aging. Joint effort of Indian Health Service Area Representative, ONEO, CHR, Navajo Office of Social Service, Senior Citizens Councils of the various Navajo communities, and the Navajo Nation Ad Hoc Committee on Aging. The NNCOA will, hopefully, be a legislatively created body vested with authority to spearhead Navajo activities in behalf of elderly, similar to those now vested in the federal Administration on Aging, State Councils on Aging, etc. This effort has gained momentum and sparked grass-roots support since the National Indian Conference on Aging.

"*Advisory Bodies* of Senior Citizens have been established at agencies to serve, first, as advisory to Congregate meal programs, and eventually, to all activities in aging in the communities."

Phoenix Area

"In accordance with our Area emphasis plan, we have reconstituted the Phoenix Area Aging Committee to include representatives from nursing, social, dietary, medical, dental, mental health, and nutrition services. The Committee is in the process of establishing an operational plan to work with the local Service Units to implement the Area plan:

1. Service Units are to establish a multidisciplinary aging committee which might include an aging representative from BIA and the Tribe.
2. The Committee will develop a Service Unit profile—problems, available resources (IHS and non-IHS), the nature and extent of unmet needs.
3. Program priorities can then be established after consultation with appropriate tribal authorities.

"A determination can then be made as to the most appropriate method of meeting unmet program or service needs—additional BIA, IHS staff, BIA-IHS contract with tribal groups, tribal contracts with State or Federal agencies."

Portland Area

"In our planning efforts, we hope to:

1. Develop an understanding of the Natural Help System of the Indian culture.
2. Develop an initial inventory of needs for that target group which can be added to or modified with consumer participation at the service level.
3. Determine agency responsibility for each need.
4. Improve acceptibility for service by working on the barriers to normal service channels.
5. Identify needs which currently are met under the purview of a specific agency and assign an interagency task force to address these and ultimately determine responsibilities.

"The consumer participator is paramount if we expect progress commensurate with satisfaction."

[This Area indicated a special concern for the diabetic and arthritic elderly, noting the prevalence of rheumatoid arthritis on the Yakima Reservation.]

Oklahoma City Area

"Work accomplished to date:

1. Following the Phoenix conference, educational books, films, and slide series were purchased about various aspects of aging and treatment of the elderly. These materials are available for use by Area and Service Unit staff, other care-taker groups, and senior citizen groups as appropriate.
2. Additional aging statistics have been studied since the Phoenix conference. For example, mental health and social service patient-encounter statistics have been reviewed. Data for the July 1975-June 1976 period reveal that while 27.7% of the Oklahoma City Area population is in the 45 and over age group, 33.7% of the patients

who received care from mental health and social service staff were in this age category. In addition, reports indicate that Public Health nurses recorded 957 episodes and 2,102 visits to patients in the 45 and over age group. Primary problems were diabetes mellitus, cardiovascular hypertension, and arthritis and rheumatism conditions.

3. Headquarters, Area, and Service Unit aging/aged coordinators collaborated with the Choctaw Tribal Health Program to develop a proposal for a Home Health Aide project. Although eventually rejected by a higher level review committee, the proposal gained the support and approval of the area-wide Health Planning Organization and the State Health Planning Review Committee. It will probably be revised and resubmitted.
4. The Training Office has allocated funding for the joint development, with the Mental Health/Social Services Branch, of four area-wide conferences on preventive mental health principles for tribal health workers. Information about Indian aging is part of the teaching content of this series.
5. IHS interest in the development of an aging program has been discussed at the Area level with staff of the Oklahoma State Indian Commission, the Area-wide Aging Agency, and other agencies with programs related to the needs of Indian people.
6. Several conferences have been held with the chairperson of the Area Community Health Committee about the most effective ways to proceed with the implementation of area-wide aging/aged activities. She, too, has gathered program development materials. We have agreed that Service Unit MH/SS staff will be recommended as coordinators for aging/aged programs within the structure of the Community Health Committees.

"Work planned or in progress:

1. Area and/or Service Unit coordinators for aging/aged services will review the IHS programs, including information developed at the IHS Committee's meetings, and Service Unit staff, including Community Health Committees.
2. Coordinators will review above information with Health Advisory Boards, requesting their participation in aging/aged program development. This activity will be accomplished through meetings and/or correspondence with Boards.
3. In a similar way, coordinators will request meetings with senior citizen groups, such as congregate meal programs, to identify unmet needs, provide information about services available, sponsor educational programs, and seek their involvement in aging/aged program development."

Other Areas

The Anchorage Area reports that efforts are being made to secure the services of a graduate student for this coming summer (1977). The student will work on documenting the service needs and requirements for this Area.

The Bemidji Area has furnished a health questionnaire to 27 reservations and is involving social service staff and community health representatives in its follow-up activities.

NATIONAL LEVEL - P.L. 94-437: THE INDIAN HEALTH CARE IMPROVEMENT ACT

Overall, it is anticipated that implementation of the Indian Health Care Improvement Act, P.L. 94-437, can address the variety of needs identified during the first National Indian Conference on Aging.

Specifically, if the Act is funded, Title I could result in the training of additional Indian professionals to care for the aging and aged; Title II could result in the reduction of a number of human needs, such as hearing aids, dentures, and eyeglasses; Title III, construction of health facilities, could eventually include long-term care facilities; and Title V could provide primary health services for older Indian persons residing in urban areas.

Title IV of the Act could have its greatest impact on persons over 45 years of age. It permits Indian Health Service, for the first time, to accept and keep reimbursements for services rendered Medicare and Medicaid eligible Indians. And it gives the Medicare and Medicaid eligible Indian a greater choice of health resources, especially those persons living on reservations some distance from any other community facilities. Dollars received from these reimbursements are to be used to upgrade Indian Health Service facilities not in compliance with Medicare and Medicaid standards. This activity can mean the delivery of higher quality services for all Indian persons served by Indian Health Service, including the aging and aged.

Inquiries concerning activities cited in this report should be directed to the respective Area representative on the IHS Committee. See next page for listing of members.

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(Idaho, Oregon, Washington)

Public Law 94-437
94th Congress, S. 522
September 30, 1976

An Act

To implement the Federal responsibility for the care and education of the Indian people by improving the services and facilities of Federal Indian health programs and encouraging maximum participation of Indians in such programs and for other purposes.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That this Act may be cited as the "Indian Health Care Improvement Act". Indian Health Care Improvement Act. 25 USC 1601 note.

FINDINGS

SEC. 2. The Congress finds that—

(a) Federal health services to maintain and improve the health of the Indians are consonant with and required by the Federal Government's historical and unique legal relationship with, and resulting responsibility to, the American Indian people. 25 USC 1601.

(b) A major national goal of the United States is to provide the quantity and quality of health services which will permit the health status of Indians to be raised to the highest possible level and to encourage the maximum participation of Indians in the planning and management of those services.

(c) Federal health services to Indians have resulted in a reduction in the prevalence and incidence of preventable illnesses among, and unnecessary and premature deaths of, Indians.

(d) Despite such services, the unmet health needs of the American Indian people are severe and the health status of the Indians is far below that of the general population of the United States. For example, for Indians compared to all Americans in 1971, the tuberculosis death rate was over four and one-half times greater, the influenza and pneumonia death rate over one and one-half times greater, and the infant death rate approximately 20 per centum greater.

(e) All other Federal services and programs in fulfillment of the Federal responsibility to Indians are jeopardized by the low health status of the American Indian people.

(f) Further improvement in Indian health is imperiled by—

(1) inadequate, outdated, inefficient, and undermanned facilities. For example, only twenty-four of fifty-one Indian Health Service hospitals are accredited by the Joint Commission on Accreditation of Hospitals; only thirty-one meet national fire and safety codes; and fifty-two locations with Indian populations have been identified as requiring either new or replacement health centers and stations, or clinics remodeled for improved or additional service;

(2) shortage of personnel. For example, about one-half of the Service hospitals, four-fifths of the Service hospital outpatient clinics, and one-half of the Service health clinics meet only 80 per centum of staffing standards for their respective services:

(3) insufficient services in such areas as laboratory, hospital inpatient and outpatient, eye care and mental health services, and services available through contracts with private physicians, clinics, and agencies. For example, about 90 per centum of the surgical operations needed for otitis media have not been performed, over 57 per centum of required dental services remain to be provided, and about 98 per centum of hearing aid requirements are unmet;

(4) related support factors. For example, over seven hundred housing units are needed for staff at remote Service facilities;

(5) lack of access of Indians to health services due to remote residences, undeveloped or underdeveloped communication and transportation systems, and difficult, sometimes severe, climate conditions; and

(6) lack of safe water and sanitary waste disposal services. For example, over thirty-seven thousand four hundred existing and forty-eight thousand nine hundred and sixty planned replacement and renovated Indian housing units need new or upgraded water and sanitation facilities.

(g) The Indian people's growth of confidence in Federal Indian health services is revealed by their increasingly heavy use of such services. Progress toward the goal of better Indian health is dependent on this continued growth of confidence. Both such progress and such confidence are dependent on improved Federal Indian health services.

DECLARATION OF POLICY

25 USC 1602. SEC. 3. The Congress hereby declares that it is the policy of this Nation, in fulfillment of its special responsibilities and legal obligation to the American Indian people, to meet the national goal of providing the highest possible health status to Indians and to provide existing Indian health services with all resources necessary to effect that policy.

DEFINITIONS

25 USC 1603 SEC. 4. For purposes of this Act—

(a) "Secretary", unless otherwise designated, means the Secretary of Health, Education, and Welfare.

(b) "Service" means the Indian Health Service.

(c) "Indians" or "Indian", unless otherwise designated, means any person who is a member of an Indian tribe, as defined in subsection (d) hereof, except that, for the purpose of sections 102, 103, and 201 (c) (5), such terms shall mean any individual who (1), irrespective of whether he or she lives on or near a reservation, is a member of a tribe, band, or other organized group of Indians, including those tribes, bands, or groups terminated since 1940 and those recognized now or in the future by the State in which they reside, or who is a descendant, in the first or second degree, of any such member, or (2) is an Eskimo or Aleut or other Alaska Native, or (3) is considered by the Secretary of the Interior to be an Indian for any purpose, or (4) is determined to be an Indian under regulations promulgated by the Secretary.

(d) "Indian tribe" means any Indian tribe, band, nation, or other organized group or community, including any Alaska Native village or group or regional or village corporation as defined in or established pursuant to the Alaska Native Claims Settlement Act (85 Stat. 688), which is recognized as eligible for the special programs and services provided by the United States to Indians because of their status as Indians. 43 USC 1601 note.

(e) "Tribal organization" means the elected governing body of any Indian tribe or any legally established organization of Indians which is controlled by one or more such bodies or by a board of directors elected or selected by one or more such bodies (or elected by the Indian population to be served by such organization) and which includes the maximum participation of Indians in all phases of its activities.

(f) "Urban Indian" means any individual who resides in an urban center, as defined in subsection (g) hereof, and who meets one or more of the four criteria in subsection (c) (1) through (4) of this section.

(g) "Urban center" means any community which has a sufficient urban Indian population with unmet health needs to warrant assistance under title V, as determined by the Secretary.

(h) "Urban Indian organization" means a nonprofit corporate body situated in an urban center, composed of urban Indians, and providing for the maximum participation of all interested Indian groups and individuals, which body is capable of legally cooperating with other public and private entities for the purpose of performing the activities described in section 503(a).

TITLE I—INDIAN HEALTH MANPOWER

PURPOSE

SEC. 101. The purpose of this title is to augment the inadequate number of health professionals serving Indians and remove the multiple barriers to the entrance of health professionals into the Service and private practice among Indians. 25 USC 1611.

HEALTH PROFESSIONS RECRUITMENT PROGRAM FOR INDIANS

SEC. 102. (a) The Secretary, acting through the Service, shall make grants to public or nonprofit private health or educational entities or Indian tribes or tribal organizations to assist such entities in meeting the costs of— Grants. 25 USC 1612.

(1) identifying Indians with a potential for education or training in the health professions and encouraging and assisting them (A(to enroll in schools of medicine, osteopathy, dentistry, veterinary medicine, optometry, podiatry, pharmacy, public health, nursing, or allied health

professionals; or (B), if they are not qualified to enroll in any such school, to undertake such post secondary education or training as may be required to qualify them for enrollment;

(2) publicizing existing sources of financial aid available to Indians enrolled in any school referred to in clause (1) (A) of this subsection or who are undertaking training necessary to qualify them to enroll in any such school; or

(3) establishing other programs which the Secretary determines will enhance and facilitate the enrollment of Indians, and the subsequent pursuit and completion by them of courses of study, in any school referred to in clause (1) (A) of this subsection.

Application, submittal and approval.

(b) (1) No grant may be made under this section unless an application therefor has been submitted to, and approved by, the Secretary. Such application shall be in such form, submitted in such manner, and contain such information, as the Secretary shall by regulation prescribe: *Provided,* That the Secretary shall give a preference to applications submitted by Indian tribes or tribal organizations.

Amount and payment.

(2) The amount of any grant under this section shall be determined by the Secretary. Payments pursuant to grants under this section may be made in advance or by way of reimbursement, and at such intervals and on such conditions as the Secretary finds necessary.

Appropriation authorization.

(c) For the purpose of making payments pursuant to grants under this section, there are authorized to be appropriated $900,000 for fiscal year 1978, $1,500,000 for fiscal year 1979, and $1,800,000 for fiscal year 1980. For fiscal years 1981, 1982, 1983 and 1984 there are authorized to be appropriated for such payments such sums as may be specifically authorized by an Act enacted after this Act.

HEALTH PROFESSIONS PREPARATORY SCHOLARSHIP PROGRAMS FOR INDIANS

Scholarship grants, eligibility requirements.
25 USC 1613.

SEC. 103. (a) The Secretary, acting through the Service, shall make scholarship grants to Indians who—

(1) have successfully completed their high school education or high school equivalency; and

(2) have demonstrated the capability to successfully complete courses of study in schools of medicine, osteopathy, dentistry, veterinary medicine, optometry, podiatry, pharmacy, public health, nursing, or allied health professions.

Two-year limitation.

(b) Each scholarship grant made under this section shall be for a period not to exceed two academic years, which years shall be for compensatory preprofessional education of any grantee.

(c) Scholarship grants made under this section may cover costs of tuition, books, transportation, board and other necessary related expenses.

Appropriation authorization.

(d) There are authorized to be appropriated for the purpose of this section: $800,000 for fiscal year 1978, $1,000,000 for fiscal year 1979, and $1,300,000 for fiscal year 1980. For fiscal years 1981, 1982, 1983, and 1984 there are authorized to be appropriated for the purpose of this section such sums as may be specifically authorized by an Act enacted after this Act.

HEALTH PROFESSIONS SCHOLARSHIP PROGRAM

Appropriation authorization.

SEC. 104. Section 225 (i) of the Public Health Service Act (42 U.S.C. 234 (i)) is amended (1) by inserting "(1)" after (((i)", and (2) by adding at the end the following:

"(2) (A) In addition to the sums authorized to be appropriated under paragraphy (1) to carry out the Program, there are authorized to be appropriated for the fiscal year ending September 30, 1978, $5,450,000; for the fiscal year ending September 30, 1980, $7,200,000; and for fiscal years 1981, 1982, 1983, and 1984 such sums as may be specifically authorized by an Act enacted after the Indian Health Care Improvement Act, to provide scholarships under the Program to provide physicians, osteopaths, dentists, veterinarians, nurses, optometrists, podiatrists, pharmacists, public health personnel, and allied health professionals to provide services to Indians. Such scholarships shall be designated Indian Health Scholarships and shall be made in accordance with this section except as provided in subparagraph (B).

Distribution.

'(B) (i) The Secretary, acting through the Indian Health Service, shall determine the individuals who receive the Indian Health Scholarships, shall accord priority to applicants who are Indians, and shall determine the distribution of the scholarships on the basis of the relative needs of Indians for additional service in specific health professions.

Active duty service obligation.
Post, p. 1410.

"(ii) The active duty service obligation prescribed by subsection (e) shall be met by the recipient of an Indian Health Scholarship by service in the indian Health Service, in a program assisted under title V of the Indian Health Care Improvement Act, or in the private practice of his profession if, as determined by the Secretary in accordance with guidelines promulgated by him, such practice is situated in a physician or other health professional shortage area and addresses the health care needs of a substantial number of Indians.

"Indians." "(C) For purposes of this paragraph, the term 'Indians' has the same meaning given that term by subsection (c) of section 4 of the Indian Health Care Improvement Act and includes individuals described in clauses (1) through (4) of that subsection.". Ante, p. 1401.

INDIAN HEALTH SERVICE EXTERN PROGRAM

SEC. 105. (a) Any individual who receives a scholarship grant pursuant to section 104 shall be entitles to employment in the Service during any nonacademic period of the year. Periods of employment pursuant to this subsection shall not be counted in determinig the fulfillment of the service obligation incurred as a condition of the scholarship grant. 25 USC 1614.

(b) Any individual enrolled in a school of medicine, esteopathy, dentistry, veterinary medicine, optometry, podiatry, pharmacy, public health, nursing, or allied health professions may be employed by the Service during any nonacademic period of the year. Any such employment shall not exceed one hundred and twenty days during any calendar year.

(c) Any employment pursuant to this section shall be made without regard to any competitive personnel system or agency personnel limitation and to a position which will enable the individual so employed to receive practical experience in the health profession in which he or she is engaged in study. Any individual so employed shall receive payment for his or her services comparable to the salary he or she would receive if he or she were employed in the competitive system. Any individual so employed shall not be counted against any employment ceiling affecting the Service or the Department of Health, Education, and Welfare.

(d) There are authorized to be appropriated for the purpose of this section: $600,000 for fiscal year 1978, $800,000 for fiscal year 1979, and $1,000,000 for fiscal year 1980. For fiscal years 1981, 1982, 1983, and 1984 there are authorized to be appropriated for the purpose of this section such sums as may be specifically authorized by an Act enacted after this Act. Appropriation authorization.

CONTINUING EDUCATION ALLOWANCES

SEC. 106. (a) In order to encourage physicians, dentists, and other health professionals to join or continue in the Service and to provide their services in the rural and remote areas where a significant portion of the Indian people resides, the Secretary, acting through the Service, may provide allowances to health professionals employed in the Service to enable them for a period of time each year prescribed by regulation of the Secretary to take leave of their duty stations for professional consultation and refreshed training courses. 25 USC 1615.

(b) There are authorized to be appropriated for the purpose of this section: $100,000 for fiscal year 1978, $200,000 for fiscal year 1979, and $250,00 for fiscal year 1980. For fiscal years 1981, 1982, 1983, and 1984 there are authorized to be appropriated for the purpose of this section such sums as may be specifically authorized by an Act enacted after this Act. Appropriation authorization.

TITLE II—HEALTH SERVICES

HEALTH SERVICES

SEC. 201. (a) For the purpose of eliminating backlogs in Indian health care services and to supply known, unmet medical, surgical, dental, optometrical, and other Indian health needs, the Secretary is authorized to expend, through the Service, over the seven-fiscal-year period beginning after the date of the enactment of this Act the amounts authorized to be appropriated by subsection (c). Funds appropriated pursuant to this section for each fiscal year shall not be used to offset or limit the appropriations required by the Service under other Federal laws to continue to serve the health needs of Indians during and subsequent to such seven-fiscal-year period, but shall be in addition to the level of appropriations provided to the Service under this Act and such other Federal laws in the preceding fiscal year plus an amount equal to the amount required to cover pay increases and employee benefits for personnel employed under this Act and such laws and increases in the costs of serving the health needs of Indians under this Act and such laws, which increases are caused by inflation. 25 USC 1621.

Employment during seven-fiscal-year period. (b) The Secretary, acting through the Service, is authorized to employ persons to implement the provisions of this section during the seven-fiscal-year period in accordance with the schedule provided in subsection (c). Such positions authorized each fiscal year pursuant to this section shall not be considered as offsetting or limiting the personnel required by the Service to serve the health needs of Indians during and subsequent to such seven-fiscal-year period but shall be in addition to the positions authorized in the previous fiscal year.

(c) The following amounts and positions are authorized, in accordance with the provisions of subsections (a) and (b), for the specific purposes noted:

(1) Patient care (direct and indirect): sums and positions as provided in subsection (e) for fiscal year 1978, $8,500,000 and two hundred and twenty-five positions for fiscal year 1979, and $16,200,000 and three hundred positions for fiscal year 1980.

(2) Field health, excluding dental care (direct and indirect): sums and positions as provided in subsection (e) for fiscal year 1978, $3,350,000 and eighty-five positions for fiscal year 1979, and $5,550,000 and one hundred and thirteen positions for fiscal year 1980.

(3) Dental care (direct and indirect): sums and positions as provided in subsection (e) for fiscal year 1978, $1,500,000 and eighty positions for fiscal year 1979, and $1,500,000 and fifty positions for fiscal year 1980.

(4) Mental health: (A) Community mental health services: sums and positions as provided in subsection (e) for fiscal year 1978, $1,300,00 and thirty positions for fiscal year 1979, and $2,000,000 and thirty positions for fiscal year 1980.

(B) Inpatient mental health services: sums and positions as provided in subsection (e) for fiscal year 1978, $400,000 and fifteen positions for fiscal year 1979, and $600,000 and fifteen positions for fiscal year 1980.

(C) Model dormitory mental health services: sums and positions as provided in subsection (e) for fiscal year 1978, $1,250,000 and fifty positions for fiscal year 1979, and $1,875,000 and fifty positions for fiscal year 1980.

(D) Therapeutic and residential treatment centers: sums and positions as provided in subsection (e) for fiscal year 1978, $300,000 and ten positions for fiscal year 1979, and $400,000 and five positions for fiscal year 1980.

(E) Training of traditional Indian practitioners in mental health: sums as provided in subsection (e) for fiscal year 1978, $150,000 for fiscal year 1979, and $200,000 for fiscal year 1980.

(5) Treatment and control of alcoholism among Indians: $4,000,000 for fiscal year 1978, $9,000,000 for fiscal year 1979, and $9,200,000 for fiscal year 1980.

(6) Maintenance and repair (direct and indirect): sums and positions as provided in subsection (e) for fiscal year 1978, $3,000,000 and twenty positions for fiscal year 1979, and $4,000,000 and thirty positions for fiscal year 1980.

(7) For fiscal years 1981, 1982, 1983, and 1984 there are authorized to be appropriated for the items referred to in the preceding paragraphs such sums as may be specifically authorized by an Act enacted after this Act. For such fiscal years, positions in paragraphs (4) (E) and (5) as may be specified in an Act enacted after the date of the enactment of this Act.

Appropriation authorization.

(d) The Secretary, acting through the Service, shall expend directly or by contract not less than 1 per centum of the funds appropriated under the authorizations in each of the clauses (1) through (5) of subsection (c) for research in each of the areas of Indian health care for which such funds are authorized to be appropriated.

Research funds.

(e) For fiscal year 1978, the Secretary is authorized to apportion not to exceed a total of $10,025,000 and 425 positions for the programs enumerated in clauses (c) (1) through (4) and (c) (6) of this section.

Appropriation authorization

TITLE III—HEALTH FACILITIES

CONSTRUCTION AND RENOVATION OF SERVICE FACILITIES

SEC. 301. (a) The Secretary, acting through the Service, is authorized to expend over the seven-fiscal-year period beginning after the date of the enactment of this Act the sums authorized by subsection (b) for the construction and renovation of hospitals, health centers, health stations, and other facilities of the Service.

25 USC 1631.

(b) The following amounts are authorized to be appropriated for purposes of subsection (a):

Appropriation authorization.

(1) Hospitals: $67,180,000 for fiscal year 1978, $73,256,000 for fiscal year 1979, and $49,742,000 for fiscal year 1980. For fiscal years 1981, 1982, 1983, and 1984, there are authorized to be appropriated for hospitals such sums as may be specifically authorized by an Act enacted after this Act.

(2) Health centers and health stations: $6,960,000 for fiscal year 1978, $6,226,000 for fiscal year 1979, and $3,720,000 for fiscal year 1980. For fiscal years 1981, 1982, 1983, and 1984, there are authorized to be appropriated for health centers and health stations such sums as may be specifically authorized by an Act enacted after this Act.

(3) Staff housing: $1,242,000 for fiscal year 1978, $21,725,000 for fiscal year 1979, and $4,116,000 for fiscal year 1980. For fiscal years 1981, 1982, 1983, and 1984, there are authorized to be appropriated for staff housing such sums as may be specifically authorized by an Act enacted after this Act.

(c) Prior to the expenditure of, or the making of any firm commitment to expend, any funds authorized in subsection (a), the Secretary, acting through the Service shall—

(1) consult with any Indian tribe to be significantly affected by any such expenditure for the purpose of determining and, wherever practicable, honoring tribal preferences concerning the size, location, type, and other characteristics of any facility on which such expenditure is to be made; and Consultation

(2) be assured that, wherever practicable, such facility, not later than one year after its construction or renovation, shall meet the standards of the Joint Committee on Accreditation of Hospitals.

CONSTRUCTION OF SAFE WATER AND SANITARY WASTE DISPOSAL FACILITIES

25 USC 1632. SEC. 302. (a) During the seven-fiscal-year period beginning after the date of the enactment of this Act, the Secretary is authorized to expend under section 7 of the Act of August 5, 1954 (42 U.S.C. 2004a), the sums authorized under subsection (b) to supply unmet needs for safe water and sanitary waste disposal facilities in existing and new Indian homes and communities.

Appropriation authorization. (b) For expenditures of the Secretary authorized by subsection (a) for facilities in existing Indian homes and communities there are authorized to be appropriated $43,000,000 for fiscal year 1978, $30,000,000 for fiscal year 1979, and $30,000,000 for fiscal year 1980. For expenditures of the Secretary authorized by subsection (a) for facilities in new Indian homes and communities there are authorized to be appropriated such sums as may be necessary for fiscal years 1978, 1979, and 1980. For fiscal years 1981, 1982, 1983, and 1984 for expenditures authorized by subsection (a) there are authorized to be appropriated such sums as may be specifically authorized in an Act enacted after this Act.

New York Indian tribes, eligibility for assistance. (c) Former and currently federally recognized Indian tribes in the State of New York shall be eligible for assistance under this section.

PREFERENCE TO INDIANS AND INDIAN FIRMS

25 USC 1633. SEC. 303. (a) The Secretary, acting through the Service, may utilize the negotiating authority of the Act of June 25, 1910 (25 U.S.C. 47), to give preference to any Indian or any enterprise, partnership, corporation, or other type of business organization owned and controlled by an Indian or Indians including former or currently federally recognized Indian tribes in the State of New York (hereinafter referred to as an "Indian firm") in the construction and renovation of Service facilities pursuant to section 301 and in the construction of safe water and sanitary waste disposal facilities pursuant to section 302. Such preference may be accorded by the Secretary unless he finds, pursuant to rules and regulations promulgated by him, that the project or function to be contracted for will not be satisfactory or such project or function cannot be properly completed or maintained under the proposed contract. The Secretary, in arriving at his finding, shall consider whether the Indian or Indian firm will be deficient with respect to (1) ownership and control by Indians, (2) equipment, (3) bookkeeping and accounting procedures, (4) substantive knowledge of the project or function to be contracted for, (5) adequately trained personnel, or (6) other necessary components of contract performance.

Construction personnel, pay rates. (b) For the purpose of implementing the provisions of this title, the Secretary shall assure that the rates of pay for personnel engaged in the construction or renovation of facilities constructed or renovated in whole or in part by funds made available pursuant to this title are not less than the prevailing local wage rates for similar work as determined in accordance with the Act of March 3, 1931 (40 U.S.C. 276a-276a-5, known as the Davis-Bacon Act). 40 USC 276a note.

SOBOBA SANITATION FACILITIES

SEC. 304. The Act of December 17, 1970 (84 Stat. 1465), is hereby amended by adding the following new section 9 at the end thereof:

"SEC. 9. Nothing in this Act shall preclude the Soboba Band of Mission Indians and the Soboba Indian Reservation from being provided with sanitation facilities and services under the authority of section 7 of the Act of August 5, 1954 (68 Stat. 674), as amended by the Act of July 31, 1959 (73 Stat. 267).". 42 USC 2004a.

TITLE IV—ACCESS TO HEALTH SERVICES

ELIGIBILITY OF INDIAN HEALTH SERVICE FACILITIES UNDER MEDICARE PROGRAM

42 USC 1395f, 1395n.

SEC. 401. (a) Sections 1814(c) and 1835(d) of the Social Security Act are each amended by striking out "No payment" and inserting in lieu thereof "Subject to section 1880, no payment".

42 USC 1395x.

(b) Part C of title XVIII of such Act is amended by adding at the end thereof the following new section:

"INDIAN HEALTH SERVICE FACILITIES

Hospital or skilled nursing facility, eligibility for payments.

42 USC 1395qq.

"SEC. 1880. (a) A hospital or skilled nursing facility of the Indian Health Service, whether operated by such Service or by an Indian tribe or tribal organization (as those terms are defined in section 4 of the Indian Health Care Improvement Act), shall be eligible for payments under this title, notwithstanding sections 1814(c) and 1835(d), if and for so long as it meets all of the conditions and requirements for such payments which are applicable generally to hospitals or skilled nursing facilities (as the case may be) under this title.

Ineligible hospital or skilled nursing facility, submittal of plan for compliance.

"(b) Notwithstanding subsection (a), a hospital or skilled nursing facility of the Indian Health Service which does not meet all of the conditions and requirements of this title which are applicable generally to hospitals or skilled nursing facilities (as the case may be), but which submits to the Secretary within six months after the date of the enactment of this section an acceptable plan for achieving compliance with such conditions and requirements, shall be deemed to meet such conditions and requirements (and to be eligible for payments under this title), without regard to the extent of its actual compliance with such conditions and requirements, during the first 12 months after the month in which such plan is submitted.

Fund for improvements.

"(c) Notwithstanding any other provision of this title, payments to which any hospital or skilled nursing facility of the Indian Health Service is entitled by reason of this section shall be placed in a special fund to be held by the Secretary and used by him (to such extent or in such amounts as are provided in appropriation Acts) exclusively for the purpose of making any improvements in the hospitals and skilled nursing facilities of such Service which may be necessary to achieve compliance with the applicable conditions and requirements of this title. The preceeding sentence shall cease to apply when the Secretary determines and certifies that substantially all of the hospitals and skilled nursing facilities of such Service in the United States are in compliance with such conditions and requirements.

Post, p. 1413.

Post, p. 1410.

"(d) The annual report of the Secretary which is required by section 701 of the Indian Health Care Improvement Act shall include (along with the matters specified in section 403 of such Act) a detailed statement of the status of the hospitals and skilled nursing facilities of the Service in terms of their compliance with the applicable conditions and requirements of this title and of the progress being made by such hospitals and facilities (under plans submitted under subsection (b) and otherwise) toward the achievement of such compliance.".

(c) Any payments received for services provided to beneficiaries hereunder shall not be considered in determining appropriations for health care and services to Indians.

Services to an Indian beneficiary.

42 USC 1395.

(d) Nothing herein authorizes the Secretary to provide services to an Indian beneficiary with coverage under title XVIII of the Social Security Act, as amended, in preference to an Indian beneficiary without such coverage.

SERVICES PROVIDED TO MEDICAID ELIGIBLE INDIANS

42 USC 1396.

SEC. 402 (a) Title XIX of the Social Security Act is amended by adding at the end thereof the following new section:

"INDIAN HEALTH SERVICE FACILITIES

Eligibility for reimbursement.

42 USC 1396j.

Ante, p. 1401.

"SEC. 1911. (a) A facility of the Indian Health Service (including a hospital, intermediate care facility, or skilled nursing facility), whether operated by such Service or by an Indian tribe or tribal organization (as those terms are defined in section 4 of the Indian Health Care Improvement Act), shall be eligible for reimbursement for medical assistance provided under a State plan if and for so long as it meets all of the conditions and requirements which are applicable generally to such facilities under this title.

Facilities, submittal of plan for compliance.

"(b) Notwithstanding subsection (a), a facility of the Indian Health Service (including a hospital, intermediate care facility, or skilled nursing facility) which does not meet all of the conditions and requirements of this title which are applicable generally to such facility, but which submits to the Secretary within six months after the date of the enactment of this section an acceptable plan for achieving compliance with such conditions and requirements, shall be deemed to meet such conditions and requirements (and to be eligible for reimbursement under this title), without regard to the extent of its actual compliance with such conditions and requirements, during the first twelve months after the month in which such plan is submitted.".

42 USC 1396j note.

42 USC 1396

(b) The Secretary is authorized to enter into agreements with the appropriate State agency for the purpose of reimbursing such agency for health care and services provided in Service facilities to Indians who are eligible for medical assistance under title XIX of the Social Security Act, as amended.

Supra.

(c) Notwithstanding any other provision of law, payments to which any facility of the Indian Health Service (including a hospital, intermediate care facility, or skilled nursing facility) is entitled under a State plan approved under title XIX of the Social Security Act by reason of section 1911 of such Act shall be placed in a special fund to be held by the Secretary and used by him (to such extent or in such amounts as are provided in appropriation Acts) exclusively for the purpose of making any improvements in the facilities of such Service which may be necessary to achieve compliance with the applicable conditions and requirements of such title. The preceding sentence shall cease to apply when the Secretary determines and certifies that substantially all of the health facilities of such Service in the United States are in compliance with such conditions and requirements.

(d) Any payments received for services provided recipients hereunder shall not be considered in determining appropriations for the provision of health care and services to Indians.

42 USC 1396j note.

(e) Section 1905(b) of the Social Security Act is amended by inserting at the end thereof the following: "Notwithstanding the first sentence of this section, the Federal medical assistance percentage shall be 100 per centum with respect to amounts expended as medical assistance for services which are received through an Indian Health Service facility whether operated by the Indian Health Service or by an Indian tribe or tribal organization (as defined in section 4 of the Indian Health Care Improvement Act).".

Federal medical assistance percentage. 42 USC 1396d.

Ante, p. 1401.

REPORT

SEC. 403. The Secretary shall include in his annual report required by section 701 an accounting on the amount and use of funds made available to the Service pursuant to this title as a result of reimbursements through titles XVIII and XIX of the Social Security Act, as amended.

25 USC 1671 note.

42 USC 1395x, 1396.

TITLE V—HEALTH SERVICES FOR URBAN INDIANS

PURPOSE

SEC. 501. The purpose of this title is to encourage the establishment of programs in urban areas to make health services more accessible to the urban Indian population.

25 USC 1651.

CONTRACTS WITH URBAN INDIAN ORGANIZATIONS

SEC. 502. The Secretary, acting through the Service, shall enter into contracts with urban Indian organizations to assist such organizations to establish and administer, in the urban centers in which such organizations are situated, programs which meet the requirements set forth in sections 503 and 504.

25 USC 1652.

CONTRACT ELIGIBILITY

SEC. 503. (a) The Secretary, acting through the Service, shall place such conditions as he deems necessary to effect the purpose of this title in any contract which he makes with any urban Indian organization pursuant to this title. Such conditions shall include, but are not limited to, requirements that the organization successfully undertake the following activities:

25 USC 1653.

(1) determine the population of urban Indians which are or could be recipients of health referral or care services;

(2) identify all public and private health service resources within the urban center in which the organization is situated which are or may be available to urban Indians;

(3) assist such resources in providing service to such urban Indians;

(4) assit such urban Indians in becoming familiar with and utilizing such resources;

(5) provide basic health education to such urban Indians;

(6) establish and implement manpower training programs to accomplish the referral and education tasks set forth in clauses (3) through (5) of this subsection;

(7) identify gaps between unmet health needs of urban Indians and the resources available to meet such needs;

(8) make recommendations to the Secretary and Federal, State, local and other resource agencies on methods of improving health service programs to meet the needs of urban Indians; and

(9) where necessary, provide or contract for health care services to urban Indians.

Urban Indian organizations, selection criteria.

(b) The Secretary, acting through the Service, shall by regulation prescribe the criteria for selecting urban Indian organizations with which to contract pursuant to this title. Such criteria shall, among other factors, take into consideration:

(1) the extent of the unmet health care needs of urban Indians in the urban center involved;

(2) the size of the urban Indian population which is to receive assistance;

(3) the relative accessibility which such population has to health care services in such urban center;

(4) the extent, if any, to which the activities set forth in subsection (a) would duplicate any previous or current public or private health services project funded by another source in such urban center;

(5) the appropriateness and likely effectiveness of the activities set forth in subsection (a) in such urban center;

(6) the existence of an urban Indian organization capable of performing the activities set forth in subsection (a) and of entering into a contract with the Secretary pursuant to this title; and

(7) the extent of existing or likely future participation in the activities set forth in subsection (a) by appropriate health and health-related Federal, State, local, and other resource agencies.

OTHER CONTRACT REQUIREMENTS

25 USC 1654

SEC. 504. (a) Contracts with urban Indian organizations pursuant to this title shall be in accordance with all Federal contracting laws and regulations except that, in the discretion of the Secretary, such contracts may be negotiated without advertising and need not conform to the provisions of the Act of August 24, 1935 (48 Stat. 793), as amended.

49 Stat. 793. 40 USC 270a-270d.

(b) Payments under any contracts pursuant to this title may be made in advance or by way of reimbursement and in such installments and on such conditions as the Secretary deems necessary to carry out the purposes of this title.

Contract revision or amendment.

(c) Notwithstanding any provision of law to the contrary, the Secretary may, at the request or consent of an urban Indian organization, revise or amend any contract made by him with such organization pursuant to this title as necessary to carry out the purposes of this title: *Provided, however,* That whenever an urban Indian organization requests retrocession of the Secretary for any contract entered into pursuant to this title, such retrocession shall become effective upon a date specified by the Secretary not more than one hundred and twenty days from the date of the request by the organization or at such later date as may be mutually agreed to by the Secretary and the organization.

Government facilities, use.

(d) In connection with any contract made pursuant to this title, the Secretary may permit an urban Indian organization to utilize, in carrying out such contract, existing facilities owned by the Federal Government within his jurisdiction under such terms and conditions as may be agreed upon for their use and maintenance.

(e) Contracts with urban Indian organizations and regulations adopted pursuant to this title shall include provisions to assure the fair and uniform provision to urban Indians of services and assistance under such contracts by such organizations.

REPORTS AND RECORDS

Report to Secretary of the Interior. 25 USC 1655.

SEC. 505. For each fiscal year during which an urban Indian organization receives or expends funds pursuant to a contract under this title, such organization shall submit to the Secretary a report including information gathered pursuant to section 503(a) (7) and (8), information on activities conducted by the organization pursuant to the contract, an accounting of the amounts and purposes for which Federal funds were expended, and such other information as the Secretary may request. The reports and records of the urban Indian organization with respect to such contract shall be subject to audit by the Secretary and the Comptroller General of the United States.

Audit.

AUTHORIZATIONS

SEC. 506. There are authorized to be appropriated for the purpose of this title: $5,000,000 for fiscal year 1978, $10,000,000 for fiscal year 1979, and $15,000,000 for fiscal year 1980.

25 USC 1656.

REVIEW OF PROGRAM

Submittal to Congress.
Legislative recommendations.
25 USC 1657.

SEC. 507. Within six months after the end of fiscal year 1979, the Secretary, acting through the Service and with the assistance of the urban Indian organizations which have entered into contracts pursuant to this title, shall review the program established under this title and submit to the Congress his assessment thereof and recommendations for any further legislative efforts he deems necessary to meet the purpose of this title.

RURAL HEALTH PROJECTS

SEC. 508. Not to exceed 1 per centum of the amounts authorized by section 506 shall be available for not to exceed two pilot projects providing outreach services to eligible Indians residing in rural communities near Indian reservations.

25 USC 1658.

TITLE VI—AMERICAN INDIAN SCHOOL OF MEDICINE: FEASIBILITY STUDY

FEASIBILITY STUDY

25 USC 1661.

SEC. 601. The Secretary, in consultation with Indian tribes and appropriate Indian organizations, shall conduct a study to determine the need for, and the feasibility of, establishing a school of medicine to train Indians to provide health services for Indians. Within one year of the date of the enactment of this Act the Secretary shall complete such study and shall report to the Congress findings and recommendations based on such study.

Report to Congress.

TITLE VII—MISCELLANEOUS

REPORTS

Report to the President and Congress.
25 USC 1671.

Program review, submittal to Congress.

SEC. 701. The Secretary shall report annually to the President and the Congress on progress made in effecting the purposes of this Act. Within three months after the end of fiscal year 1979, the Secretary shall review expenditures and progress made under this Act and make recommendations to the Congress concerning any additional authorizations for fiscal years 1981 through 1984 for programs authorized under this Act which he deems appropriate. In the event the Congress enacts legislation authorizing appropriations for programs under this Act for fiscal years 1981 through 1984, within three months after the end of fiscal year 1983, the Secretary shall review programs established or assisted pursuant to this Act and shall submit to the Congress his assessment and recommendations of additional programs or additional assistance necessary to, at a minimum, provide health services to Indians, and insure a health status for Indians, which are at a parity with the health services available to, and the health status, of the general population.

REGULATIONS

Consultation.
25 USC 1672.

SEC. 702. (a) (1) Within six months from the date of enactment of this Act, the Secretary shall, to the extent practicable, consult with national and regional Indian organizations to consider and formulate appropriate rules and regulations to implement the provisions of this Act.

Publication in Federal Register.

(2) Within eight months from the date of enactment of this Act, the Secretary shall publish proposed rules and regulations in the Federal Register for the purpose of receiving comments from interested parties.

(3) Within ten months from the date of enactment of this Act, the Secretary shall promulgate rules and regulations to implement the provisions of this Act.

Rules or regulations, proposed revision or amendment; publication in Federal Register.

(b) The Secretary is authorized to revise and amend any rules or regulations promulgated pursuant to this Act: *Provided*, That, prior to any revision of or amendment to such rules or regulations, the Secretary shall, to the extent practicable, consult with appropriate national or regional Indian organizations and shall publish any proposed revision or amendment in the Federal Register not less than sixty days prior to the effective date of such revision or amendment in order to provide adequate notice to, and receive comments from, other interested parties.

PLAN OF IMPLEMENTATION

Submittal to Congress. 25 USC 1673.

SEC. 703. Within two hundred and forty days after enactment of this Act, a plan will be prepared by the Secretary and will be submitted to the Congress. The plan will explain the manner and schedule (including a schedule of appropriation requests), by title and section, by which the Secretary will implement this provisions of this Act.

LEASES WITH INDIAN TRIBES

SEC. 704. Notwithstanding any other provision of law, the Secretary is authorized, in carrying out the purposes of this Act, to enter into leases with Indian tribes for periods not in excess of twenty years.

AVAILABILITY OF FUNDS

SEC. 705. The funds appropriated pursuant to this Act shall remain available until expended.
Approved September 30, 1976.

LEGISLATIVE HISTORY

HOUSE REPORTS: No. 94-1026 part 1 and 94-1026 part 4 (Comm. on Interior and Insular Affairs), No. 94-1026 pt. II (Comm. on Ways and Means), and No. 94-1026 pt. III (Comm. on Interstante and Foreign Commerce) all accompanying H.R. 2525.
SENATE REPORT: No. 94-133 (Comm. on Interior and Insular Affairs).
CONGRESSIONAL RECORD:
Vol. 121 (1975): May 16, considered and passed Senate.
Vol. 122 (1976): July 30, considered and passed House, amended, in lieu of H.R. 2525
Sept. 9, Senate concurred in House amendment with an amendment.
Sept. 16, House concurred in Senate amendment.
WEEKLY COMPILATION OF PRESIDENTIAL DOCUMENTS:
Vol. 12, No. 40 (1976): Oct. 1, Presidential statement.

HEW—Social and Rehabilitation Service
Working Paper
April 1977
Social Services to American Indians Through Title XX

PROVISION OF LAW

The provisons of Title XX of the Social Security Act as amended in 1974, place administrative and supervisory responsibility for social service programs within a single State agency. The 45 CFR 228.5 clarifies the authority and responsibility of the State as follows:

> "There shall be maintained within the State agency the authority and responsibility for:
> (1) The State plan;
> (2) The services plan;
> (3) The projection of estimated expenditures;
> (4) The accountability for Federal funds;
> (5) The establishing and maintaining of standards for the determination of eligibility;
> (6) The administration or supervision of the administration for the provision of service;
> (7) Operating the program on a Statewide basis;
> (8) Complying with any program reporting requirement;
> (9) Maintaining a working relationship between the Secretary and the State; and
> (10) Overall supervision, control and oversight of Title XX activities."[1]

A 2.5 billion dollar allocation has been made by Congress for social services nationally.[2] Each State has a fixed dollar amount allocated on the basis of census population figures, which include American Indians.

Delivery of social services to American Indians is complicated by the unique relationship between American Indians and the Federal Government and the administration of Title XX through State agencies. The task is additionally complicated by the existence of multiple service efforts and by cultural differences. These factors in combination with limited financial, technological, and professional resources, affect the provision of services.

On reservations, Indian tribes retain many attributes of sovereignty which characterize States, including the authority to determine and adopt forms of government, enact and enforce legislation regulating domestic relationships and behavior of tribal members, levy and collect taxes.[3] Further, tribes, and in certain instances members of tribes living on reservations, are not subject to control of the States wherein the reservations are located but are entitled to receive State and federally funded benefits and services. Thus, for example, even though States have limited capacity to tax income or property on reservations, they must provide income maintenance and social service benefits to Indians on reservations because such persons are citizens of the States in which they reside and, as such, are guaranteed constitutional rights of equal protection and entitlement.[4] Similarly, in the instances of child welfare programs, States have limited capacity to impose or execute *parens patrie* authority through State legislation and court activity, but are required to honor court orders issued by reservation tribunals with regard to Indian children residing on reservations.[5] and are required to provide services. Some States have demonstrated clear reluctance to provide child welfare services on reservations and have cited lack of jurisdiction as a basis for that reluctance.[6]

NON-TITLE XX PROGRAMS

The Bureau of Indian Affairs (BIA) administers a program of social services on every major reservation and in the States of Oklahoma and Alaska. There are 280 Federally recognized tribes, residing on reservations in the cities and in rural areas. BIA statistics for 1973 report that 542,900 Indians reside on or near Federal reservations.[7]

The BIA program of social services undertakes to provide necessary assistance and social services for Indians on reservations when such assistance and services are not available through State or local public welfare agencies. It is the general positon of the Bureau that Indians should have the same relationship to public welfare agencies as non-Indians, and that public welfare agencies should have the same responsibility for providing services and assistance as they have for non-Indians in similar circumstances. It is recognized, however, that there are certain services required by some Indians which are not provided by the State and local welfare agencies, and the tax-exempt status of Indian lands may affect the ability of some States or local governments to meet the needs of Indians, particularly if Indians constitute a considerable portion of their population.

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[1] Department of Health, Education and Welfare, Social and Rehabilitation Service. *Federal Register*, Vol. 42, No. 20, January 31, 1977.

[2] $2.7 billion was expended for FY '77. Essentially the additional $500 million were for day care services to assist states in meeting Federal Day Care standards.

[3] Center for Social Research and Development, Denver Research Institute/University of Denver, *Legal and Jurisdictional Problems in the Delivery of SRS Child Welfare Services on Indian Reservations;* October 1975, p. 5.

[4] Center for Social Research and Development; *Indian Child Welfare: A State of the Field Study;* Children's Bureau, Office of Human Development/Office of Child Development, U.S. Department of Health, Education and Welfare, (Washington, D.C.: 1976), p. 5.

[5] U.S. Department of Health, Education and Welfare, Social and Rehabilitation Service, Assistant Payments Administration, State letter No. 1080, "To State Agencies Administering Approved Public Assistance Plans", mimeographed (Washington D.C.: 1970).

[6] Center for Social Research and Development: *Indian Child Welfare: A State of the Field Study*, p. 5.

[7] *Estimates of Resident Indian Population and Labor Force Status by State and Reservation: March 1973*, Department of the Interior, Bureau of Indian Affairs, Statistics June 1973, p. 2.

Bureau responsibilities for social services and related activities differ somewhat on different reservations, depending upon economic conditions on reservations, the availability of tribal resources, the responsibilities assumed by State or local welfare agencies, differences in local customs and attitudes, and the degree to which tribal institutions and controls are effective. Within the limits of its resources, the primary objectives of the Bureau's program of social services are: (1) to provide financial assistance (called general assistance) to needy Indian families living on reservations when employment is not available and when such assistance is not available from other sources; (this includes assisting interested Indian tribes to sponsor tribal work projects for recipients of assistance); (2) to provide counsel and guidance to Indians with family problems or other serious social problems; (3) to provide child welfare assistance and services when these are not available from established child welfare agencies, including arrangements for the protection and care of dependent, neglected, and handicapped children, planning for adoption, and securing appropriate institutional care; (4) to interpret the social needs of Indian families and children to tribal governing bodies and tribal courts and provide assistance, when necessary and appropriate, in the development of tribal programs to meet those needs; (5) to provide information and liaison assistance to Indians to enable them to secure needed welfare services and assistance from State and local welfare progams for which they may be eligible; (6) to provide advice and counsel to Indians, when necessary, in planning constructive use of their own and their children's funds; and (7) to interpret the needs of Indians to community agencies away from the reservations and promote the acceptance of Indians on an equal basis with non-Indians.

General assistance is provided directly by the Bureau when need has been determined. The same budgetary standards used by the State welfare agency for State public assistance programs are used to determine the individual's or family's general assistance needs. Provision is also made for care of Indians requiring care in institutions or nursing homes. The number of Indians requiring general assistance varies considerably on a seasonal basis.[8]

Probably the single most important source of assistance for urban Indians has been the Indian centers financed by private sources. Having lost the unity provided by the tribes, Indians developed these centers as places where their needs are represented. Some of the centers have evolved from very small gatherings for recreational purposes decades ago into many-sided operations capable of sustaining programs in education and vocational training, defense of Indian rights, counseling, various kinds of entertainment, and provisions of emergency relief.[9]

The relationship among the Indian tribes, Federal Government and State Government is summarized by the November 7, 1975 Inter-Tribal Council of Arizona final report for the Title XX Planning Project.

> "The tribes have historically dealt with the Federal Government and particularly with the Bureau of Indian Affairs and the Indian Health Service where Federally funded human services planning was concerned. Within the National Office of the Department of Health, Education, and Welfare, there is an Office of Native American Programs that funds tribes for such programs and services. There have evolved over the years fundamental and essential principles that are adhered to in Federal-Tribal relationships. The State and its subdivisions coordinate and cooperate within the framework of laws and regulations formulated over a considerable period of time. Given the special character of the tribes and the Federal Government, it cannot be expected that the tribal structure can suddenly develop a relationship with the State structure without some special adjustments on the part of the State and the tribes. In order that the tribes can relate to the State, they will want to maintain the necessary and desirable relationships they have with the Federal structure and particularly with the Federal agencies mentioned above."[10]

PUBLIC LAW 83-280

However, it should be noted that in 1952, Public Law 83-280 extended State jurisdiction over criminal and civil offenses to all Indian lands within the State boundaries of California, Minnesota, Nebraska, Oregon, and Wisconsin. It allowed any State to amend the State constitution or existing statutes to remove legal impediments to the assumption of civil and criminal jurisdiction in accordance with the provisions of the act.[11]

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[8] U.S. Department of Interior, Bureau of Indian Affairs, *Information About Social Services Programs*, June 1976, p. 1.

[9] *Report on Urban Rural and Non-Reservation Indians*, Alfred G. Elgin, Chairman (Washington D.C.: U.S. Government Printing Office, 1976) p. 41.

[10] Inter-Tribal Council of Arizona, *Title XX Planning Project*, November 7, 1975, p. 42.

The States took the following actions:

1. Arizona has extended its jurisdiction only for air and water pollution laws.
2. Florida has asserted exclusive civil and criminal jurisdiction.
3. Idaho exercises civil and criminal jurisdiction with respect to school attendance, juvenile delinquency, dependent and neglected children, mental illness, domestic relations, public assistance, and motor vehicle laws. Other jurisdiction may be asserted with tribal consent.
4. Montana has extended criminal jurisdiction only over the Flathead Reservation, although other tribes may consent if the relevant county comissioners also consent, and a tribe may obtain retrocession after two years.
5. Nevada assumed civil and criminal jurisdiction, with limited exceptions, in 1955.
6. In New Mexico, a constitutional amendment to assert jurisdiction was rejected in a popular vote in 1969.
7. North Dakota amended its constitution in 1965 and passed legislation assuming civil jurisdiction over tribes or individuals with their consent. Thus far no tribe has consented.
8. South Dakota submitted legislation allowing the governor to assume jurisdiction by proclamation to a referendum vote in 1965, and the proposal was defeated.
9. Utah passed legislation in 1971 to assert civil and criminal jurisdiction, with the condition that Indian consent be obtained.
10. Washington passed legislation in 1957 under which civil and criminal jurisdiction was asserted over nine tribes at the request of the tribes. In 1963 it asserted criminal and civil jurisdiction over all fee patent lands on reservations, with civil jurisdiction asserted over all reservation lands in the areas of school attendance, public assistance, domestic relations, mental illness, juvenile delinquency, adoptions, dependent children, and traffic laws—all without the consent of the tribes.

No other States have chosen to assert jurisdiction under the provision of P.L. 83-280. Certain eastern States, including New York and Maine, have long asserted jurisdiction on grounds of early States' treaties with tribes, special federal statutes, or State establishment of reservations.[12]

PURCHASE OF SERVICE CONTRACTING

One approach for practical resolution of some conflicts in social service program delivery through the Federal, State and tribal structures has been the initiation of purchase of service (POS) contracts between State governments and tribal governments or tribal groups. Maine, New Mexico, South Dakota and Arizona have entered into Title XX purchase of service contracts with Indian tribes. These State contracts, the amount of money involved and the services provided are listed below:

Maine	POS contract $70,000 for services to 150 addicts. (State Dept. of Indian Affairs put up match). POS contract $289,000 with Indian Educ. Council for child day care. Maine has a deliberate policy of serving Indians in regular program. Problems over licensing Indian foster homes Maine Agency est. expend for XX and IV-B on Indians several times multiple of per capita allotment.
New Mexico	No direct Agency services on reservations. POS contract with Navaho nation for 1.7 million in FY '77 (same level in FY '76) for homemaker and chore, health support, I&R, counseling. Indians donated funds for XX funding. POS contract with Mescalero Apaches for $168,000 in FY '77 for child day care. POS contract with Jicarilla Apaches for $58,000 for multi svcs. to isolated elderly; and $75,000 for child day care.
S. Dakota	Title XX only used for AFDC of which over 50% are Indians. State agency est. 50% of exp. are Indians. POS contract Rosebud Tr. Homemakers Tr. puts up match. POS contract Child Day Care. Admin. by Tr. Proposal pending from Sissetons to do all CWS. Title XX funds—$80,000 FY '77, $300,000 FY '78. State agency rigid re FIDCR: several tribal centers not lic. POS for foster care spending. State agency est. 3% of soc. svcs. Exp. on Indians.
Arizona	**POS CONTRACT — NAVAJOS** FY '77 estimated costs and population served as follows: Health Related Svcs. 2,800 $420,000 Home Mgmt. Svcs. 400 95,000 Housekeeper Svcs. 450 149,600 Info & Referral 12,000 192,000 Family Planning 190 15,200

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[11] Center for Social Research and Development, Denver Research Institute/University of Denver, *Legal and Jurisdictional Problems*, p. 11.

[12] *Ibid*, p. 9.

Social Problem Solving	
3,000	461,000
Transportation Svc.	
1,000	167,000

North Carolina has entered into contracts with Indian groups in the rural sections of that State. The services there include chore services, meals on wheels, day care, educational support services, and transportation.[13]

The difficulties in establishing services through Title XX are largely jurisdictional. Other problems which enter into the complex implementation of Title XX are:

- Monitoring by the State of services provided by purchase of service contracts to indians[14]
- Eligibility problems[15]
- Caution on the part of Tribal Governments to contract with States for services[16]
- Difficulty on the part of Tribal Governments to come up with the 25% match money for services
- State-wideness of social services plan[17]
- States are reluctant to include Indians in State service plan because of jurisdictional problems.
- States are reluctant to contribute the 25% match necessary for services to Indians under Title XX based on the contention that Indians do not pay taxes.
- Lack of clarity in the definition of Indian tribe and Indian Council. Present definition overlooks urban Indian.[18]
- Confusion about Bureau of Indian Affairs Social Services and Title XX services to Indians in a state.

The single most frequently recommended proposal for the resolution of problems with social services is direct funding to Indian Tribal Governments, Tribal Councils and Indian groups.[19]

The recommendations go on to suggest that direct funding be optional for tribal governments. If a tribal government chooses to receive direct funding then it should "function exactly as States in relation to the Federal Government, including provision of the matching share and adherence to Federal or Federally-approved tribal standards."[20]

"In such cases, the number of Indian reservation residents would be subtracted from a State's total population in calculating the Title XX appropriation, with separate allocations going to the State and the appropriate tribal authority."[21]

Other recommendations include the National Congress of American Indians statement that "a waiver provision regarding tribes share of matching funds, i.e., 100% funding of all tribes."[22]

"8. Specific legislation language protection for tribes who enter into Title XX contracts with State agencies protecting tribal sovereignty."[23]

"7. Reinforce the rights of tribes and urban Indian Communities to form separate geographic planning and service delivery areas for Title XX."[24]

THE FINAL REPORT OF THE POLICY ALTERNATIVES IN INDIAN CHILD WELFARE

A workshop held at Dobbs Ferry states:

> "The panel expressed strong support for the direct funding of all tribes—including tribes in Oklahoma and Native Alaskan communities in Alaska which do not have reservations."[25]

In summary, the complexity of this problem is at least three fold: first, the definition of Indian tribe

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[13] Administrator, Social and Rehabilitation Services/U.S. Department of Health, Education and Welfare, "Delivery of Title IV-B and Title XX Services to Indians on Reservations", (unpublished memo to the Under Secretary, HEW), November 30, 1976.

[14] This monitoring process is directly related to jurisdictional problems.

[15] State personnel are usually responsible for determining eligibility for a service. The location of a state office in relation to the residence of an Indian receiving services could create a hardship in receiving that service. States are reluctant to send workers to reservations due to jurisdictional problems.

[16] This is directly related to the jurisdictional Federal-Tribal relationship issue.

[17] Some States have provisions for services on a State-wide basis rather than the provisions of different districts of the state, as permitted by the Title XX legislation, thereby excluding service needs of certain Indian tribes or groups.

[18] Under 45 CFR 228.1, "Indian tribe" means any Indian tribe, band, nation or other organized group or community, including any Alaska Native region, village or group as defined in the Alaska Native Claims Settlement Act (85 Stat. 688) which is recognized as eligible for the special programs and services provided by the United States to Indians because of their status as Indians, or any Indian tribe, band, or nation or other organized group or community which is recognized as an Indian tribe by any State commission, agency or authority which has the statutory power to extend such recognition.

[19] a. *Policy Alternatives in Indian Child Welfare:* A Workshop Final Report, p. 2.

b. National Conference on Social Welfare, Mitchell I. Gingsberg, Chairman, *Current Issues in Title XX Programs* (Columbus, Ohio, 1976), p. 30.

c. National Congress of American Indians, Position Paper on Title XX, presented at the NCAI Convention, October 30, 1976, p. 1.

[20] National Conference on Social Welfare, *Current Issues in Title XX Programs*, p. 31.

[21] *Ibid.*, p. 31.

[22] National Congress of American Indians, *Position Paper on Title XX*, presented at the NCAI Convention, October 30, 1976, p. 1.

[23] *Ibid.*, p. 2.

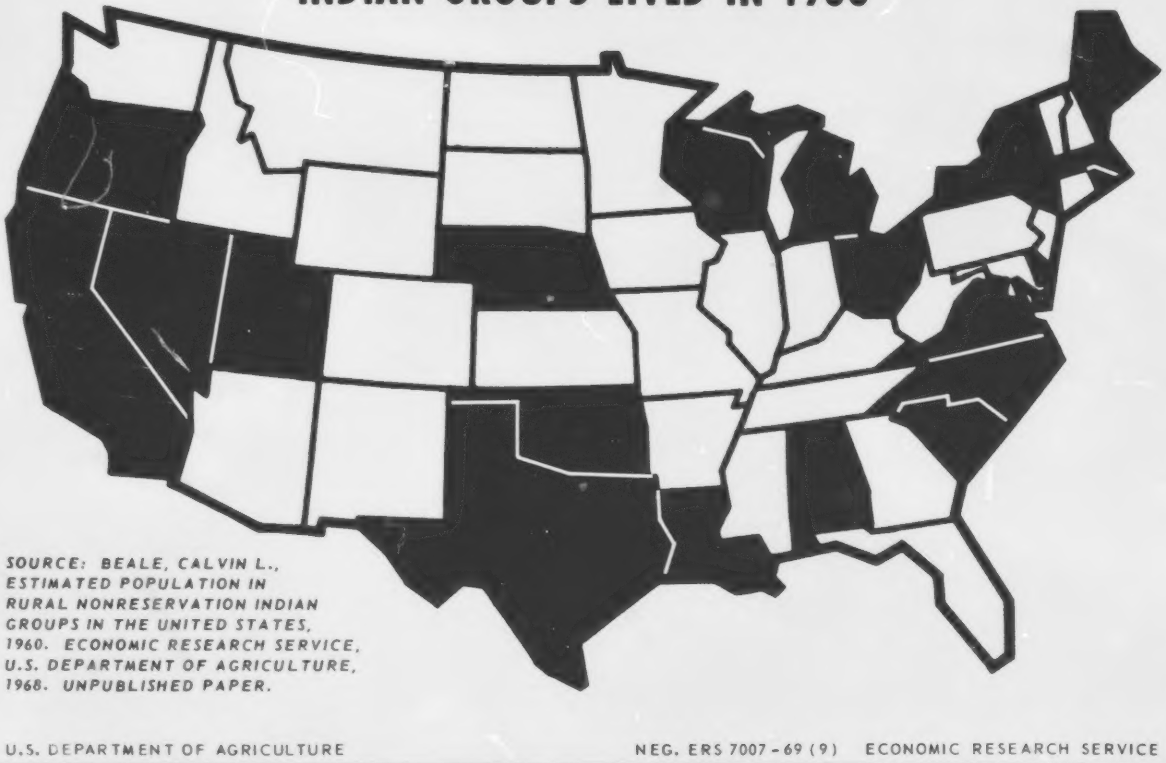
[24] *Ibid.*, p. 2.

[25] *Policy Alternatives in Indian Child Welfare:* A Workshop Final Report, p. 2.

(Federal reservation, landless, terminated, State recognized, off reservation), jurisdictional (State, or Federal), and financing of services.

The recommendation by several study groups is direct funding to Indians for social services. It should be noted that this recommendation has been implemented through other Federal programs. Primarily, the "Comprehensive Employment and Training Act of 1973," the State and Local Fiscal Assistance Act of 1972 (authorizing the General Revenue Sharing Program), the Housing and Community Development Act of 1974 (authorizing the Community Block Grant Program) and Title IV of the Public Works and Economic Development Act of 1965 (authorizing eligibility for EDA's program).

STATES IN WHICH RURAL NONRESERVATION INDIAN GROUPS LIVED IN 1960



SOURCE: BEALE, CALVIN L., ESTIMATED POPULATION IN RURAL NONRESERVATION INDIAN GROUPS IN THE UNITED STATES, 1960. ECONOMIC RESEARCH SERVICE, U.S. DEPARTMENT OF AGRICULTURE, 1968. UNPUBLISHED PAPER.

U.S. DEPARTMENT OF AGRICULTURE NEG. ERS 7007-69 (9) ECONOMIC RESEARCH SERVICE

Cross-Cutting Issues in Aging
Regarding the Elderly Indian

Lack of Reservation Nursing Homes and Trained Indian Personnel:

We realize a nursing home can be a lonely place in which to live. An American Indian placed in such a home becomes virtually isolated. There is seldom any other Indian elderly person there as the Indian is placed wherever a vacancy occurs, usually a distance of 100 miles or more from his home. He is unable to speak to anyone in his native tongue, eat the food he is accustomed to or become involved with a group of non-Indians who, more often than not, do not accept the American Indian in the first place. These elderly Indian people become passive, nonverbal, anorectic, and generally unresponsive.

Nearly all nursing homes are filled to capacity now. With the general population, including the American Indian, reaching an older age, we must develop plans to reach this most neglected group of people.

The Blackfeet Tribe built their own nursing home 3-4 years ago and contracted a non-Indian operator. The Office of Long Term Care provided technical assistance and discovered numerous deficiencies with the administration. The Tribal Council was given a report and subsequently removed the contractor. Since that time Mr. Mike Madman has been hired and is to be licensed this month in Nursing Home Administration. The nursing home is certified and carrying a patient load of 32 patients; four are non-Indian.

Another area of concern is the lack of supportive services which could be Indian staffed. These services are not generally available either on or off the reservation.

Hill-Burton monies have been a resource available for use in construction of nursing homes but these funds are channeled through the States, which have traditionally been unresponsive to the American Indian.

RECOMMENDATONS:

Investigation into Hill-Burton funding which would address Indian needs.

Develop a cooperative effort between BIA, IHS and AoA to find the proper vehicle to finance the construction of nursing homes on reservations.

For those elderly still living within the home the development and training of Indian personnel for employment in Aging programs (outreach, transportation, legal services, home health assistance, etc.)—on reservation and in urban areas—is strongly recommended. This development and training would be initiated in cooperation with the Bureau of Indian Affairs and the Indian Health Service. Possible funding for the personnel providing these services could be investigated by the C.E.T.A. program.

Submitted by:
Loretta M. Grey Day
N. Am. Ind. Program Spec.
Region VIII Office of Aging

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Groupings of States By Areas

Aberdeen Area—Nebraska, North Dakota, and South Dakota

Albuquerque Area—Colorado and New Mexico (with the exception of the Eastern Navajo Reservation)

Anadarko Area—Kansas and Western Oklahoma

Billings Area—Montana and Wyoming

Central Area—Florida, Mississippi, New York, and North Carolina; New England—Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont

Juneau Area—Alaska

Minneapolis Area—Iowa, Michigan, Minnesota, and Wisconsin

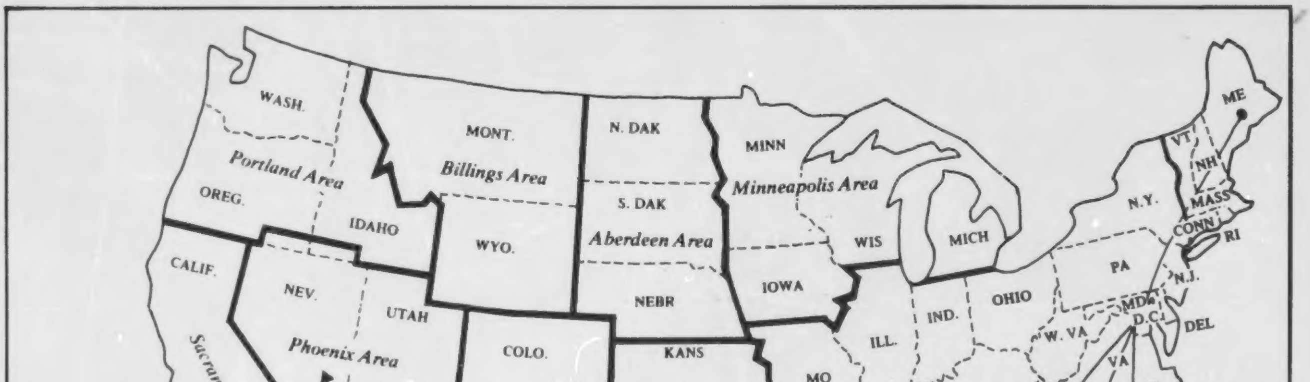
Muskogee Area—Eastern Oklahoma

Navajo Area—All portions of the Navajo Reservation in Arizona, New Mexico, and Utah

Phoenix Area—Arizona (with the exception of the Navajo Reservation), Nevada, and Utah

Portland Area—Idaho, Oregon, and Washington

Sacramento Area—California


WASH.
Portland Area
OREG.
IDAHO
MONT.
Billings Area
WYO.
N. DAK
S. DAK
Aberdeen Area
NEBR
MINN
Minneapolis Area
WIS
MICH
IOWA
CALIF.
Sacramento Area
NEV.
UTAH
Phoenix Area
HOPI
ARIZ.
Navajo Area
COLO.
Albuquerque Area
N.MEX.
KANS
Anadarko Area
OKLA
Muskogee Area
TEX
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ARK
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ILL.
IND.
OHIO
KY
TENN
Choctaw
MISS
ALA
GA
FLA
Seminole
Miccosukee
W. VA
VA
Cherokee
N.C.
S.C.
Central Area
PA
N.Y.
N.J.
MD
D.C.
DEL
CONN
RI
MASS
VT
NH
ME
ALASKA
Juneau Area

* National Headquarters of the National Indian Council on Aging

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Summary Report
# of the
Aberdeen Area Indian Conference on Aging

Rapid City, South Dakota
August 10-11, 1977

I am honored and humble to be able to address this group here today. I want to address the younger people, the younger generations, to start with. I want to remind you of a debt that we have to our elderly people. If it wasn't for the elderly, and the hardships they endured through the many years, we wouldn't be here today to sit in a conference such as this, or any other conference, or enjoy the fine things of life we have today. That's a debt that we owe our elderly Indian people, and that's a debt that we as younger generations have to pay.

And to you elderly, we have great respect for you. I want to thank you for what you have done in the past for the human people. We are still in need of your leadership. We are still in need of your guidance. We are still in need of you to pass on to us your values which have made our Indian people such a great people. Because without these values, we are a lost race. This is why I individually, and hopefully, all of our younger Indian leaders, are looking to you for your guidance, so we can lead our people to a better way of life.

From introductory remarks of
Ed Driving Hawk, Chairman
United Sioux Tribes

ED DRIVING HAWK, Chairman, United Sioux Tribes, & Chairman, Rosebud Sioux Tribe

Mr. Driving Hawk reminded the youth of their debt to the elderly. He said they should be respected and thanked for what they have done. He stated that all are still in need of their leadership and guidance.

JAMES V. ANDERSON, Administration, South Dakota Office on Aging

Mr. Anderson expressed his pleasure with the conference. He said that the meeting would help the South Dakota Office on Aging fulfill its responsibility to be aware of the needs of all the elderly, and seek available resources.

CECELIA MONTGOMERY, Representative, National Indian Council on Aging

Ms. Montgomery gave us some history of the National Indian Council on Aging. She introduced Lawrence Birdsbill and Bette Scott, general Council representatives of the National Indian Council on Aging. She explained that the Aberdeen Area Indian Conference on Aging was being funded through the National Tribal Chairmen's Association.

TONY WELDER, South Dakota Advisory Council on Aging

Mr. Welder said he was glad to be there and hoped that the conference could be beneficial and that all could take a good package home from the conference.

MIKE WELLS, United Sioux Tribes Development Corporation

Mr. Wells noted that everyone is aging, which indicates a cooperative effort for youth and elderly. He said that United Sioux Tribes is in the process of pursuing proposals regarding elderly programs right now.

PLANNING PROGRESS ON RESERVATIONS

Bruce Pretty Bird, South Dakota Indian Planners Association

Mr. Pretty Bird postulated that planning is the key to success, and specified two (2) types of planning:

1. Long-range planning
2. Short-range planning

He defined long-range planning as identifying problems, resources, trends and other information to establish priorities and project needs. He said that this type of planning is very important to future success.

He said short-range planning was aimed at looking at today's needs, and outlined six (6) steps for basic short-range planning.

1. *IDEA*. Ideas can come from many sources. Usually the source of an idea is from an existing need. Other ideas may come as a result of a need to expand existing programs or services, requests for help from an individual or group, and awareness of available programs.
2. *DISCUSSION*. This is the natural pathway in planning. Discussion is important because through talking with others previous failures can be found out, and new ideas will come forth. Also, along the way, the proper person may be found to carry the responsibility. Discussion generally expands from friends, neighbors, relatives, and co-workers; to supervisors, Councilmen, and other local leaders; on to Chairmen, Directors, Department Heads, or other local Agency representatives; and on down to the funding or service level representatives.
3. *RESEARCH*. Research is needed to identify the weakness of an idea, and is also needed for proposal submission to provide justifications. First

pages 236, 237 blank

research done is a feasibility one to see if proposal is even worthwhile or not. Next, statistical and historical data need to be gathered, along with social, environmental, and economic information, all needed so a close look can be taken at available resources and potential needs. All areas of funding and other types of resources need to be known, primarily so existing monies can be used to generate more revenue, and also for possibly goading one source to competition with another insofar as funding is concerned.

4. *ACTION*. Mr. Pretty Bird outlined two plans for action, the first for those through the Tribal Council, and the second for funding through foundation or service agency.

Steps for going through the Tribal Council:

1. Develop application — preferably with the Planning Committee.
2. Submit to Tribal Finance Committee or equivalent.
3. Submit to proper Tribal Council Committee or Board.
4. Submit resolution and oral presentation to Tribal Council. It is very important that an oral presentation be made and any questions answered.
5. Submit the application to the funding source.
6. When submitting to a state agency follow these two suggestions:
   a. Submit application to the State District Planning & Development Commission for A-95 Review. This is not necessary but it does help with the State Review Committee.
   b. Prepare oral testimony for the State Review Committee. Failure to make an oral report is often the only reason an application is rejected.

Steps when no Council action is required:

1. Submit application directly to funding source.
2. Submit a copy to your Councilman and request that he/she follow it up—this gives more clout to your application.

5. *IMPLEMENTATION*. The following suggestions were given for actually putting your plan to work:
   1. Form a local Senior Citizens organization.
   2. Establish a Senior Citizens Board (required by the Office of Aging and other agencies also)
   3. Elect officers.
   4. Identify what you want to do—get as much grassroots level input as possible.
   5. Set priorities.
   6. Identify existing local resources. Buildings, vehicles and financial resources are examples of what to look for.
   7. Work with your Councilman, Tribal Program Director, Planning Department, etc. to work out the details—they're paid to help with these types of things.

6. *FOLLOW-UP*. Follow-up is very important because it may influence future funding, as you will want to document both successes and needs. Set up orderly record-keeping procedures, prepare accurate and timely reports, and work with community on establishing priorities on a continuing basis.

August 10, 1977
WEDNESDAY AFTERNOON

The last portion of the Wednesday morning session, and the entire part of the Wednesday afternoon, concurrent panel discussions were held on various issues.

Due to the fact that two sessions were held simultaneously, the recorder was able to cover only half of the presentations. These sessions are presented in the following pages.

Sessions not covered were:

LEGAL AID
Mary Ellen McEldow
Black Hills Legal Aid
Rapid City, South Dakota

HOUSING
Jim Fischer
Housing & Urban Development
Denver, Colorado

Hal Mortimer
Lakota Homes
Rapid City, South Dakota

TRAINING AND OUTREACH
Michael Goodroad & Beatrice Noisy Hawk
South Dakota Tie Line
Pierre, South Dakota

David Talayumptewa
Rocky Mountain Gerontology Center
Salt Lake City, Utah

TRANSPORTATION
Frank Cournoyer
South Dakota Department of Transportation
Pierre, South Dakota

PANEL PRESENTATIONS

Social Security and Medical Services

SPEAKER: John Hubbard
Social Services
Aberdeen Area Indian Health Service
Aberdeen, South Dakota

Mr. Hubbard listed three specific areas in which Indian Health Service is involved with aging.

First, IHS has a committee on aging. The first goal of this committee is to gather (data) on the elderly—How many are there? Who are they? Where are they? This assessment has already been completed in the Aberdeen Area, and a need for more benefits is seen. The second goal is to bring about programs for the elderly. Reservation health plans under P.L. 94-437 will include elderly plans, and some Service Units in the

Aberdeen Area have already established committees to draw up the plans and needs.

Second, IHS is involved with aging under Title IV of Public Law 94-437. Title IV involves reimbursement for Medicare/Medicaid. Mr. Hubbard noted it is important to educate the communities as to the value of obtaining a Medicaid/Medicare card even though the person is eligible for IHS facilities. He noted, too, that certain deficiences must be corrected within a certain time period or the facility will become ineligible.

The third area of IHS involvement is as a result of the work of Rose Mary Woods, IHS Headquarters Nursing Director. She is developing Tribally-sponsored home health services, which will enable the elderly to remain in their own homes.

Mr. Hubbard pointed out that IHS' first time involvement with Otitis Media has led to hearing aids being available to all.

SPEAKER: Doug Green
Social Security
Rapid City, South Dakota

Mr. Green explained that in order to be eligible for Social Security a person could retire at age 62, widows could receive it at age 60, and it could be drawn for disability at any age. Otherwise, a person must be age 65 and in need to be eligible.

Mr. Green said that Veterans' benefits are similar to those under the Social Security Administration inasmuch as they are earned—to be eligible, a person must have become disabled in active service or have served 90 days service in active duty, and have more than a dishonorable discharge. The Veterans Administration's pension is based on need—Social Security payments affect the amount received.

For Supplemental Security Income payments, the computation is made quarterly. Lease income also counts against the payment. However, it is proposed to make the computation monthly so those receiving lease payments will not be hurt for a whole quarter. Also, some reservations are supplementing incomes in cases where the lease income affects the SSI payment. Mr. Green suggested that those with this situation in the urban areas request aid from the County Commissioners.

A particular problem with Social Security and similar programs for the elderly Indian is transportation to learn about the services available. Mr. Green urged that something be done to remedy this situation. He felt that Tribal people could perhaps be trained to deal with this.

Mr. Green also urged people to use Tie-Line in regard to any questions. The number is 1-800-592-1865.

Nursing Homes and Title XX

SPEAKER: Sandy Durick
State Homemaker Services
Pierre, South Dakota

Ms. Durick showed a slide/tape presentation about Homemaker Services. She said that under this program, the Rosebud Sioux Housing Authority and Cheyenne River have contracts.

The Homemaker Services are for those older or disabled persons who require nursing services or some type of help in order to remain in their homes. A social worker and the client establish goals and implement plans to meet their goals. The homemaker assists with needed tasks such as housecleaning, personal grooming, meals, medical needs, transportation, etc. Plans are continually evaluated and improved. Two-thirds of those Homemaker Service clients are eligible for nursing homes, but Homemaker Services has kept them in their homes and helped them remain independent.

The FY-77 budget is $1,000,000. It presently services 1000 clients a month, 15-20% of whom are Native American.

SPEAKER: Marna Lindroth
South Dakota Social Services, Title XX
Pierre, South Dakota

Ms. Lindroth explained that Title XX was an amendment to the Social Security Act, and provided for Medicaid/Medicare. FY-78 is the third planning year under Title XX.

She explained that funding is based on state/federal population ratios. Consequently, state funding levels are decreasing. After all matching is done, the funding level for FY-78 is $14,000,000.

All services are state wide; however they are free for low income people, and a sliding fee scale is established for middle income people.

South Dakota Social Services provides for many services. Among these are counseling in various areas, such as employment, financial, retirement, adjusting to terminal illness, etc. Placement services are offered to those returning from institutions. They work with pre-vocational training, have alcoholism half-houses, work with housing and benefits, and provide transportation services in six (6) areas.

SPEAKER: Pete Gregor
Administrator, Winner Nursing Home
Winner, South Dakota

Mr. Gregor said that he agreed with the concept of remaining home as long as possible. Nursing homes are now being referred to as "long-term care" residences, as many (residents) are not old.

He said the Winner facility was an 81-bed skilled care facility which is licensed by South Dakota and the Veterans Administration. There are presently ten (10) Indian residents, and they have had as many as twenty-five (25) Indian residents.

He commented that most old people believe that the family should keep the elderly, but society is changing and people are living longer, so that the children themselves are now old as well.

At the Winner home, there is an Indian language problem, and also for other nationalities as well. The Indians themselves translate for each other, and there is a woman from Rosebud who cares for their special needs. There are five (5) Indians on the staff.

Recreation and Employment

SPEAKER: Juanita Goings
Green Thumb, Inc.
Sioux Falls, South Dakota

Green Thumb is an employment program operating in forty (40) states. It is for persons 55 years or older and is an outreach and referral type program. At present, South Dakota has only a few available slots and fifteen (15) counties have recently been added so they will have first priority for the vacancies. Green Thumb comes into an area upon written request.

Under the program, the elderly person works 20-24 hours per week under the sponsorship of a non-profit organization. Various types of jobs may be held, such as program coordination, homemaking tasks, repair work, receptionist duties, etc. Farmers Union sponsors the worker, but needed materials and transportation costs must come from some other funding source. Workers are paid twice monthly. Eligibility for the program is based on income.

A particular emphasis area of Green Thumbers is currently building and repair work. Money for materials comes from an outside source, but there are available resources from Community Action programs, private organizations, and the Farmers Home Administration. The FHA is proving a good resource, in that they have low income loans available for repair and winterization of homes for purchase of materials, and then Green Thumb employees provide the labor.

More information on the program is available from:

Green Thumb, Inc.
513 South Main Street
Room 405
Sioux Falls, South Dakota
PHONE: (605) 332-7991

SPEAKER: Vern Ashley
Director, ACTION
Pierre, South Dakota

Mr. Ashley explained that RSVP meant Retired Seniors Volunteer Program. There are nine (9) RSVP's in South Dakota located at Sisseton, Canton, Sioux Falls, Mitchell, Huron, Aberdeen, Spearfish, Rapid City and Sturgis.

The program is voluntary, and the people donate their time to various organizations such as nursing homes, etc. The only pay they receive is for mileage or uniform expenses. A director, secretary, and one vehicle is also provided for the individual program.

Mr. Ashley explained the Foster Grandparent Program, which he said was functioning at Pine Ridge and Aberdeen. Under this program, the elderly person works closely with one child at an institution. (At Pine Ridge, they work with those in hospitals or schools.) There is a stipend of $1.60 per hour for low-income elderly persons. In Aberdeen, the program has proved very rewarding, especially with work done at the Redfield State School and Hospital.

National and State Aging Programs

SPEAKER: Clyde Harkins
Region VIII, Administration on Aging
Denver, Colorado

Mr. Harkins explained the nine titles of the Older American Act.

Title I: Establishes about ten goals and rights for older Americans.
Title II: Establishes an Administration on Aging to act as an advocate for older persons, and sets up an Aging Commissioner.
Title III: Addresses social services and provides for area projects. Nationally, next year will provide for $150 million. Legal services development for older persons providing a complaint mechanism for nursing homes, etc. are covered by this title.
Title IV: Provides for training and research—$20 million is the national appropriation.
Title V: Allows for multi-purpose senior centers renovation and acquisition. FY-78 funding is $40 million nationally, $200,000 in South Dakota.
Title VII: Establishes a nutrition program. $250 million is appropriated for FY-78.
Title IX: Deals with the Department of Labor/Older Workers Community Services.

SPEAKER: Bill Jacomet
South Dakota Office on Aging
Pierre, South Dakota

Mr. Jacomet expressed the belief that meals bring people into senior centers who would otherwise not come.

All reservations in South Dakota except Flandreau have a nutrition program. Six of the thirteen are funded with the Tribal government. He indicated that the reservations have had a high success rate, and this is due in part because the Tribes are supplementing the Title VII programs by providing buildings, vehicles and Manpower labor.

Mr. Jacomet said he felt that what happened at the meals was more important than the meals themselves, and that the program was a highly successful one.

SPEAKER: Paul Steutze
South Dakota Office on Aging
Pierre, South Dakota

Mr. Steutze said that the draft of the State Plan on Aging was completed. He said draft copies were available and input was requested on the plans.

According to the 1975 census, there are 116,700 old persons in South Dakota. This is 17% of the total population. Among American Indians, 27,000 are over 60.

Priorities developed for the State Plan were cited as follows:

1. Health
2. Transportation
3. Income
4. Nutrition
5. Legal Services

He said the State Plan does not specifically address Indians, but that Indians were naturally a part of the plan. During the past year, under Title III, per capita expenditures were $14.00 for the non-Indian and $35.00 for the Indian. Under Title VII, the per capita expenditures were $208.00 for non-Indians, and $370.00 for Indians.

He announced that a Senior Environmental Protection Program would soon be instituted, and plans were underway for speech and hearing projects.

It was stressed that coordination is needed to make the best possible use of all monies, and that people must work together. He said that needs remain basically the same, but attitudes must change.

SPEAKER: Don Daughtee
Executive Director
South Dakota Association of
Senior Citizens
Pierre, South Dakota

Mr. Daughtee explained the organizational structure of the Administration on Aging. He said that South Dakota was one of six (6) organizations in Region VIII, which is headquartered in Denver, Colorado.

Mr. Daughtee explained that all senior citizens may join the South Dakota Association of Senior Citizens, and explained how to acquire membership.

He stated that Edison Ward of Martin, South Dakota, and Hazel Cuny of Rapid City, South Dakota were board members of the South Dakota Association of Senior Citizens.

SPEAKER: Loretta Gray Day
Administration on Aging, Region VIII
Denver, Colorado

Ms. Gray Day explained that her position as Native American Program Specialist came about as a result of the Phoenix National Indian Conference on Aging. Her job is to speak up for all Indian elderly persons. She said 25% of the United States' Indian population lived in the Denver Region VIII area.

Ms. Gray Day works closely with the National Indian Council on Aging and makes reports to them on her activities, and gets recommendations from them.

A current project she is working on is a research grant with the Denver University to study the problems of the Indian elderly.

SPEAKER: Cecelia Montgomery
National Indian Council on Aging
Representative
Rapid City, South Dakota

Mrs. Montgomery explained that the National Indian Council on Aging is working on recommendations developed from the National Indian Conference on Aging held in Phoenix, Arizona, June 15-17, 1976. At this meeting, over one thousand Indians and Alaskan Native people representing 171 tribes came together to speak of their needs and present recommendations for action to improve the quality of their lives. The areas of recommendations are:

Income
Personal Environment
Legal Problems
Physical Well-Being
Legislation

Included in these recommendations are such areas as nutrition, mental health, transportation, health, housing and nursing homes.

August 11, 1977
THURSDAY MORNING

Commission on Status of Women
Slide/Tape Presentation by Eunice Larrabee, Cheyenne River Sioux Tribe

Mrs. Larrabee presented a slide/tape presentation prepared by the South Dakota Commission on the Status of Women. The presentation dealt with the Sioux Indian woman.

A major point of the production was that Sioux women still value family very highly. The family is the center, and motherhood is the most cherished tradition. The traditional selflessness of the Indian woman was pointed out, and contemporary counterparts were discussed.

The production covered every reservation in South Dakota and showed women who had worked hard in their Tribes and for Indian people. Their particular contributions were pointed out. In closing, it was restated that women form the center of the circle of Sioux life.

Task Force Meetings

The group divided into eight (8) groups to work on recommendations in various areas. These task forces addressed the following issues:

Nursing Homes and Homemaker Services
National and State Aging Programs
Legal Aid
Training and Outreach
Housing
Transportation
Social Security, Veterans' Benefits and
Medical Services
Employment/Recreation

August 11, 1977
THURSDAY AFTERNOON

Task Force Presentations

A representative from each task force presented the recommendations that had been developed in the morning.

These recommendations follow.

During the course of the presentations, considerable discussion occurred and numerous questions were asked. However, due to the fact that most of these questions were quite specific, they are not being presented herein.

Task Force Recommendations

The recommendations of the Task Force on *Transportation* were as follows:

1. That the 20% match required by Federal regulations for purchase of vehicles through the Urban Mass Transit Act, Section 16, 2b, be waived for Indian vehicles and organizations, and further,

   that until Federal regulations of such nature are enacted, the State of South Dakota assume the responsibility of providing the 20% match in behalf of the Tribes and Indian organizations of the state.
2. That the Urban Mass Transit Act, Section 16,2b, be amended and funded to include operational funds for Indian Tribes and organizations, and further,

   that until Federal regulations of such nature are enacted, the State of South Dakota assume the financial responsibility of providing operational funds to the Tribes and Indian organizations of the state for elderly transportation programs.
3. That the Social Security Act, Title XX, concerning transportation, be amended so that Indian Tribes and organizations are not required to provide matching funds.
4. That Federal and State transportation programs be integrated so that there would be no categorical constraints after project approval.
5. That the State Department of Transportation provide planning grants and technical assistance once to the Tribes of South Dakota to develop transportation to the fullest extent.
6. That the age definition for elderly concerning transportation programs be lowered to age 55.

The recommendations of the Task Force on *Housing* were as follows:

1. That Senior Citizens Centers make requests to Housing and Urban Development on behalf of public housing occupants so poor management of the Housing Authority can be investigated whenever needed, so that elderly people are given just compensation from housing programs, and require Housing and Urban Development to perform at least annual management reviews of all Housing Authorities.
2. That local officials be encouraged to build elderly community facilities in legitimate target areas where the greatest numbers of elderly persons are located.
3. Require local officials to build home ownership housing units for elderly persons on scattered sites.
4. That State Social Services be required to stay attuned to the elderly needs in terms of monies needed to adequately handle basic responsibility of shelter costs of welfare recipients.
5. That Housing and Urban Development publish the grievance procedures in order to make the elderly Indians more aware of ways to solve their housing problems.
6. That more low rent housing units be made available for the Indian elderly.
7. That the Tribal Housing Authorities be required to form and use Concerned Citizens Boards before making any decisions.
8. That licensed nursing homes be developed for the Indian reservations to prevent the elderly from being transferred to outside nursing homes.
9. That the State Legislature resolve the nursing home jurisdiction problem.

The recommendations of the Task Force on *Nursing Homes & Homemaker Services* were as follows:

1. That a letter be written to Mrs. Jimmy Carter, asking her to explore the possibility of putting an available facility to use to fill the local need for nursing homes and to explore this at a higher level, and that such a letter be accompanied by a letter from the local Tribe also requesting this. Letter would explain the following situation on Cheyenne River:
   a. There is a need for nursing home care at all levels on reservations.
   b. At Cheyenne River an available facility, the Luke Gilbert Home, is vacant. It is wondered why this facility, which was designed for the elderly, has been allowed to become obsolete due simply to lack of staff in the area and lack of equipment.
2. That the State of South Dakota contract directly with Tribal leaders for State Agency services that are available as opposed to contracting with intermediary agencies that are not associated with the Tribe.
3. That the education and funding mechanisms be secured for the training of homemakers and home health aids for the reservations in South Dakota.

The recommendations of the Task Force on *Social Security, Veterans' Benefits & Medical Services* were as follows:

1. That coverage of prosthetic devices be implemented by Indian Health Service and Medicaid.
2. That special days be set aside for all elderly in all Indian Health Service clinics and similar facilities.

3. That all Indians, regardless of residence, be provided treatment in any Public Health Service facility.
4. That a full-time Supplemental Security Income and/or Social Security Administration representative be stationed on each reservation.
5. That a Tribal employee be trained in Social Security/Supplemental Security Income on each reservation to assist the elderly Indians.
6. That all Service Units of Indian Health Service expand their area boundaries to extend services to people in surrounding counties.
7. That the State of South Dakota provide an optional state supplement to its Supplemental Security Income recipients in the amount of $20.00 per month.
8. That grandparents receiving Aid to Dependent Children for the care of their children be reclassified as foster parents, as the benefits derived from the foster parent program are greater.

The recommendations of the Task Force on *Employment/Recreation* were as follows:

1. That reservation senior citizen organizations join together to form a legal non-profit entity for the benefit of senior citizen programs.
2. That the group endorse legislation to prohibit age discrimination over age 18.
3. That state agencies make program information available to Tribal Councils and planners on programs benefiting senior citizens.
4. That each community organize a senior citizens board.
5. That all Indian groups support a state-wide organization of senior citizens.

The recommendations of the Task Force on *National and State Aging Programs* were as follows:

1. That elderly Indians on reservations and in other areas should organize themselves so they can determine what they need and want to accomplish and have an organized and effective way to make their concerns known to the Tribal Council and to other agencies on the reservations.
2. That a provision be made to reduce the cost of utilities for low income persons, and that support be given for Life Line legislation, which would change the electricity rates so those people using small amounts of electricity pay a lower rate than those using large amounts.
3. That South Dakota legislature statutes be amended to prohibit discrimination on account of age.
4. That the eligibility for senior citizen service programs, in particular the Title VII nutrition programs, be lowered to age 55.
5. That the delivery of services by CHR's in reservation areas be expanded to insure that people living in remote areas get adequate services.
6. That some provision be made for safety protection for the elderly.

The recommendations of the Task Force on *Legal Aid* were as follows:

1. That active legal aids be placed on each reservation, and that perhaps the Flandreau and Sisseton reservations could be combined for the purpose of acquiring a lawyer for legal aid services.
2. That the Bar Association for legal aid for the Yankton Sioux Tribe in Charles Mix County. (sic)
3. That sanity be brought out of chaos in dealing with jurisdiction in civil matters between Tribal and State courts.
4. That Tribal legal aid lawyers be cognizant of alcoholism factors in criminal and social problems.
5. That the Division of Human Rights publicize its activities and functions, and expected assistance, to the Indian people on or near reservations.
6. That the Indian public be notified of the limits of their jurisdiction on reservations.
7. That age not be a basis for discrimination.

The recommendations of the Task Force on *Training and Outreach* were as follows:

1. That the State of South Dakota send an Indian person to the Rocky Mountain Gerontology Center in Salt Lake City, Utah for training, and upon completion of training, that person hold workshops on gerontology in reservation and urban areas.
2. That the State of South Dakota establish full-time paid positions for senior citizens centers such as outreach workers, secretaries, drivers, etc.
3. That there be better coordination of services by the state and all other service agencies for elderly Indian people.

Dakota Senior Citizens' Association

Noah Long Crane, Eagle Butte, South Dakota

Mr. Long Crane presented the history of the Dakota Senior Citizens' Association. He said that the first meeting was held in Pierre, South Dakota, September 25-26, 1975. At the first meeting Mr. Moses Quinn, Sisseton, South Dakota, was elected temporary chairman. Five reservations were represented, as well as the off-reservation areas.

There were only two meetings held. The first meeting dealt with selecting a name, and the second dealt with drawing up a Constitution and By-laws. This task was completed.

Since then, however, the organization has been inactive. Mr. Long Crane asked that the group re-organize and activate the Dakota Senior Citizens' Association. He said that such an organization was necessary if all available programs were to be acquired for elderly Indians. He challenged the group with the thought that there are no special requirements for organizing—all it takes is people, and people themselves will have to do the job.

Ray High Eagle, Standing Rock Reservation, South Dakota

Mr. High Eagle challenged the group to re-organize the Dakota Senior Citizens' Association. He felt that the organization was a very sound one. He stated that the purpose of the organization was to develop clout in Washington, and challenged the group to "do it ourselves". He said that the non-Indian elderly have become a very powerful group politically, and the Indian elderly could become so too, if they pulled together.

Recommendation

The following recommendation was drawn up by a group of those present:

"That the Dakota Senior Citizens' Association be revived and re-organized. There is a structure, but there is a need for funding and follow-up. That the Dakota Senior Citizens' Association be re-organized and joined by all Indian elderly, on and off reservation."

August 8, 1977

To Whom It May Concern:

We, the Senior Citizens of the over Sixty years age group of St. Francis, recommend that the Senior Citizens of the reservations accept the Fifty Five and over citizens to their Senior Citizens organizations.

We feel that they may add a larger membership to our centers and therefore make our program more worthwhile and more active than they are at the present time.

The St. Francis Senior Citizens have already voted and passed on the recommendation, effective, August 8, 1977.

Cecelia Montgomery, Oglala Sioux—South Dakota, Member, Board of Directors, National Indian Council on Aging

NATIONAL INDIAN CONFERENCE ON AGING
NATIONAL TRIBAL CHAIRMEN'S ASSOCIATION

Name of Tribe/Alaskan Native Community/Indian Organization Omaha
Nebraska Indian Inter-Tribal Development Corporation

Mailing Address Nebraska Indian Inter-Tribal Dev. Corp.
Nutrition Program for Older Indians
Box 682

Telephone Winnebago, Nebraska 68071

Name of person submitting this report Mary Maxine Miller

Title Nutrition Project Director

Date 11-18-77

Number of persons in service population who are:

Between 50 and 55 (122) 55-60 (78) 60 and over (80)

Are you now receiving funding for services to the elderly?

(X) Yes ( ) No

If yes, from what Agency?

(X) Tribe ( ) ANA (ONAP) ( ) Title XX (PSA) ( ) HUD (X) CSA
(X) State Agency on Aging ( ) Area Agency on Aging
( ) Other (please describe)

What services are you currently providing for the elderly in your community?

(X) Housing (X) Nutrition (X) Senior Center (X) Transportation (including escort service)
(X) Homemaker, Laundry, Shopping, Housecleaning (cross out what does not apply)
( ) Security – patrol service, telephone reassurance
( ) Other (please describe)

What services for the elderly are most needed in your community? (Please describe)

Transportation

(Over)

Have you tried to obtain funding for these services?

(X) Yes ( ) No

If yes, from what agency? State Commission on Aging

What was the reason given for not funding your project? ______

ADDITIONAL COMMENTS:

PLEASE RETURN PRIOR TO NOVEMBER 18, 1977, TO:

NATIONAL INDIAN CONFERENCE ON AGING
NATIONAL TRIBAL CHAIRMEN'S ASSOCIATION
P.O. BOX 2088
ALBUQUERQUE, N.M. 87103

NATIONAL INDIAN CONFERENCE ON AGING
NATIONAL TRIBAL CHAIRMEN'S ASSOCIATION

Name of Tribe/Alaskan Native Community/Indian Organization Winnebago Tribe of Nebraska

Mailing Address Winnebago Tribe of Nebraska
Black Hawk Community Center
Winnebago, Nebraska 68071

Telephone 402-878-2272

Name of person submitting this report Pauline Tyndall

Title Health Coordinator/Planner

Date 10-26-77

Number of persons in service population who are: approximate

Between 50 and 55 (20) 55-60 (20) 60 and over (70)

Are you now receiving funding for services to the elderly?

(x) Yes ( ) No

If yes, from what Agency?

(x) Tribe ( ) ANA (ONAP) (x) Title XX (PSA) (x) HUD ( ) CSA

(x) State Agency on Aging ( ) Area Agency on Aging

(x) Other (please describe) State Extension Service.

(Note: limited funding from each agency.)

What services are you currently providing for the elderly in your community?

(x) Housing (x) Nutrition (x) Senior Center (x) Transportation (including escort service)

(x) Minor Homemaker, Laundry, Shopping, Housecleaning (cross out what does not apply)

( ) Security – patrol service, telephone reassurance

(x) Other (please describe) Senior Citizens Complex where some supervisory care is provided.

What services for the elderly are most needed in your community? (Please describe)

Support services need to be increased in homemaker services, in security - patrol service etc. A program to coordinate and monitor all resources whose programs provide service to the elderly.

(Over)

Have you tried to obtain funding for these services?

(x) Yes ( ) No

If yes, from what agency? Just commencing the search.

What was the reason given for not funding your project? To date none. Have several possibilities.

ADDITIONAL COMMENTS:

1. We have a concern that programs may not reach the Senior Citizen in their daily needs. That the intent and philosophy may not always filter down. That unless programs are meaningful very little happens to the person in need.

2. Not enough Nursing Homes on reservations, where the elderly Indian may reside. Too often is forced to leave their community to spend their days in isolation. Public Health Hospitals could include a "Continued Care Geriatric Ward" where it is not feasible for a Nursing Home to be built.

PLEASE RETURN PRIOR TO NOVEMBER 18, 1977, TO:

NATIONAL INDIAN CONFERENCE ON AGING
NATIONAL TRIBAL CHAIRMEN'S ASSOCIATION
P.O. BOX 2088
ALBUQUERQUE, N.M. 87103

Report of Meeting Held at Four Bears Motor Lodge
Ft. Berthold Indian Reservation
New Town, North Dakota
July 19, 1977

SUBJECT: PROBLEMS OF THE ELDERLY CITIZENS OF THE THREE AFFILIATED TRIBES, FT. BERTHOLD INDIAN RESERVATION

ATTENDEES:

1. Lawrence Birdsbill, Council Member
   National Indian Council on Aging
2. Roberta Young Bird, Project Director,
   Three Affiliated Tribes, Ft. Berthold
   Indian Reservation
3. Joyce Olson, N.D. Aging Services,
   Regional II Coordinator
4. Doris McGrady, Tribal Health Coordinator,
   Three Affiliated Tribes, Ft. Berthold
   Indian Reservation
5. Hazel M. Blake, Tribal Council Secretary,
   Three Affiliated Tribes, Ft. Berthold
   Indian Reservation

WHAT IS THE PROBLEM?

The Fort Berthold Indian Reservation contains over 10,500 square miles of land area; Lake Sakakawea, over two miles wide, cleaves it from north to south with the only bridge at the northern edge of the Reservation. As a result, from Twin Buttes, at the southwest edge of the Reservation, to White Shield at the southeast edge, is 226 miles by land. From the administrative offices at Four Bears, near New Town it is 106 miles to Twin Buttes and 120 miles to White Shield. A total population of 500 older Reservation residents are scattered throughout the Reservation, with concentrations of elderly at the communities of White Shield, Parshall, New Town, Four Bears, Mandaree, and Twin Buttes.

Transportation is the main problem of providing congregate and home-delivered meal services and other services to all eligible senior citizens on the Reservation who are 50 years old and older. There is no reliable transportation system set up to bring senior citizens to any center at the present. Community Action Program (CAP) personnel are currently assisting with home-delivered meals service. Since Indians don't like to admit that they don't have the transportation that they don't have anyone to drive for them, they are deprived services that they are entitled to.

Outreach is also needed to provide and keep up a transportation system and a communication network operating between the elderly and agencies providing services. Family conditions change –people come back, some die, some become disabled. An outreach network is to help the elderly cope with these changes.

Home nursing and home health care for the disabled aged are also needed; this could be provided by the Community Health Representatives (CHR). The elderly want to come home, to come back to the Reservation when they can no longer cope with life outside. It is an Indian custom to want to be near their own home until they die; they do not want to go to a city or to a nursing home. They need these services to remain at their homes.

Aging Services funding (Older Americans Act), if it could be used in just one community, would be adequate. But since it must be stretched over five widely-separated communities it does not meet the needs of the elderly people. And the project director is constantly seeking for supplemental funds. Responsibilities involved with director's position in the Fort Berthold Aging Services Program are greater than other Reservations because of the fragmented programs involved with serving the elderly and because of the distances between the communities.

The Fort Berthold Aging Services Program is designed to coordinate services for the elderly on the Fort Berthold Indian Reservation. These Services are funded primarily by Older Americans Act monies, Title III and Title VII, with auxilliary funding from Division of Indian Native American Programs (DINAP), Community Action Program (CAP), and EDA Title X. These services are also coordinated with those offered by Community Health Representatives (CHR), the Alcoholism Program, and the North Dakota Extention Service. The Fort Berthold Aging Services Program is administered by the Community Action Agency (CAA) under the direction of the Three Affiliated Tribes Tribal Business Council, with the CAA functioning as grantee agency. The Project Director has the total responsibility for organizing and supplying the senior meal program in all five reservation segments, for supervising all meal program staff, and for writing grant proposals as well as for coordination AoA services with those of other programs.

FORT BERTHOLD AGING SERVICES
TOTAL BUDGET

Personnel (from other funding sources)		$58,480
Raw Food	$20,800	
Supplies	1,800	
Other	700	
Travel	10,023	
Equipment	2,000	
	35,323	
In-Kind		
Facilities Rental	5,000	
	$40,323	
Total Title VII budget		40,323
Total Fort Berthold Aging Services Budget		$98,803

Senior Meal Center	Food Service	Number of Elders	Senior Center	Present Staff		Senior Council	Activities At Meal Center	Need Especially
				title	provided by			
White Shield Com. Center with private room for elders	On-site cooking 4 days	On-site 12 *HDM 4	provided	Cook Home Delivery	Aging Services CAP, CHR & Com. Bus Trans.	YES	quilting, pool, beadwork, shawls	More participation in activities
Parshall Com. Center multi-purpose room	On-site cooking 4 days	On-site 10 HDM 15	none now available	Cook-clerk Home Delivery	EDA Title X CAP, CHR & volunteers	YES	fund raising activities at Christmas	Senior Center More activities
Four Bears Com. Center multi-purpose room	On-site cooking 4 days	On-site 15 HDM 5	none now available	cook Home Delivery	DINAP CAP, CHR	NO	none	Senior Council Senior Center Activities
Mandaree School with no private room for elders	On-site Centers 4 days	On-site 18 HDM 6	storage room at Com. Center would be suitable	Cook under contract Home Delivery	CAP, CHR	NO	none	Senior Council Senior Center Activities
Twin Buttes Com. Center multi-purpose room	contract with Center 3 days	On-site 23 HDM 5	present CAP office would be suitable	Cook under contract Home Delivery	CAP, CHR	YES	sewing, fund raising	Senior Council More Activities

*HDM = Home Delivered Meals

Fort Berthold Aging Services Project Director is under EDA Title X

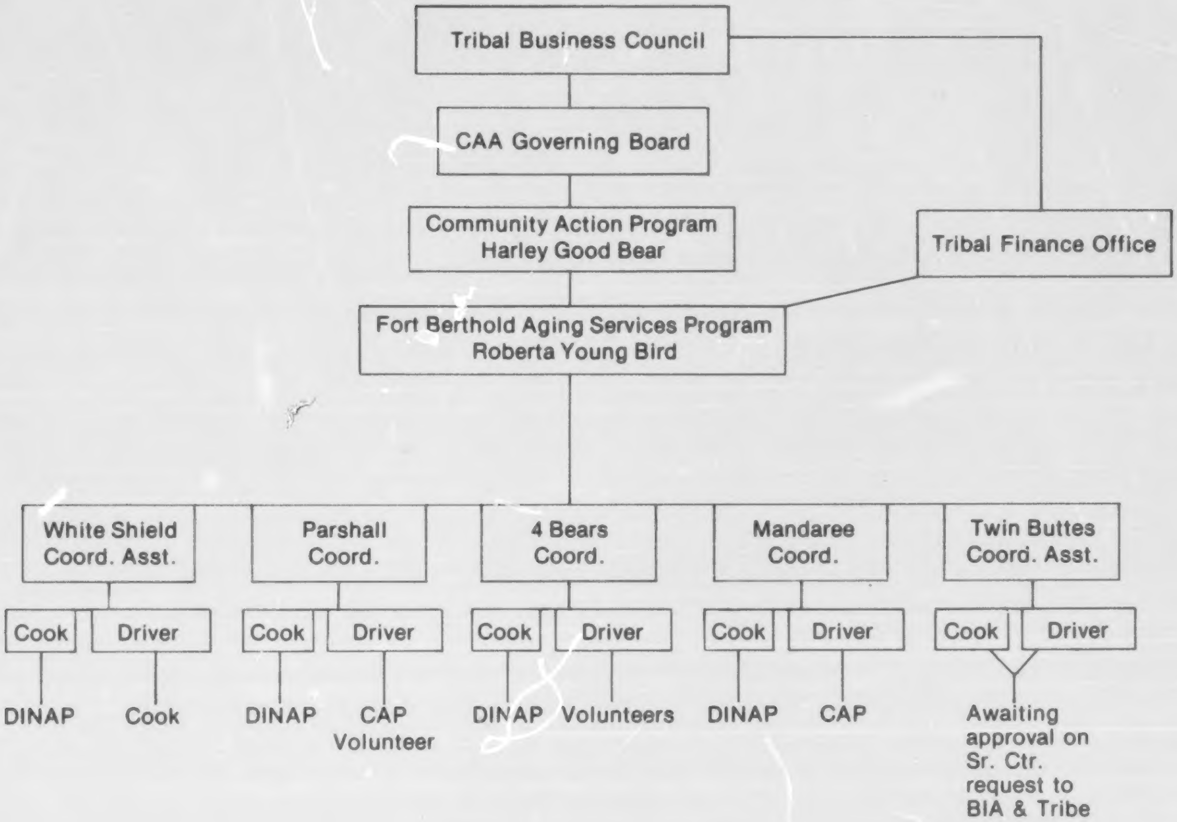
All communities need money for salaries and/or raw food, for transportation, and for outreach workers to help people use the program more fully. Closer coordination with CHR, CAP and BIA staff would provide the needed outreach.

/s/ Roberta Kay Young Bird,

Roberta Kay Young Bird, Fort Berthold Aging Services Project Director

ORGANIZATIONAL CHART

FORT BERTHOLD AGING SERVICES PROGRAM
NEW TOWN, NORTH DAKOTA 58763


Tribal Business Council
CAA Governing Board
Community Action Program
Harley Good Bear
Tribal Finance Office
Fort Berthold Aging Services Program
Roberta Young Bird
White Shield Coord. Asst.
Parshall Coord.
4 Bears Coord.
Mandaree Coord.
Twin Buttes Coord. Asst.
Cook
Driver
DINAP
Cook
Cook
Driver
DINAP
CAP Volunteer
Cook
Driver
DINAP
Volunteers
Cook
Driver
DINAP
CAP
Cook
Driver
Awaiting approval on Sr. Ctr. request to BIA & Tribe

EXACT COPY

Star Rt., Box 5A
New Town, N.D. 58763
July 20, 1977

Donald Morgan, Superintendent
Bureau of Indian Affairs
Fort Berthold Agency
New Town, ND 58763

Dear Mr. Morgan:

My family and I welcome you and your family to the Fort Berthold Reservation, I am sure that the fine people here on the reservation will cooperate and work with you to make your tour of duty a pleasant one.

Recently I was elected to the National Council on Aging* at a meeting held at Yakima, Washington. I represent Aberdeen area with two other individuals. Since that time I have been working closely with Roberta Young Bird, Project Director on Aging at Fort Berthold.

I find that the services and care for the senior citizens at Fort Berthold are very discouraging. It appears that the welfare of these people has been almost completely forgotten. Some of the problems which are involved include:

1. A nursing home is needed in every segment of the reservation.
2. A hospital is needed for this reservation. The nearest one is located 50 miles from any town on the reservation.
3. Visiting nurse care in the homes is badly needed by the elderly.
4. The elderly need *daily* meals. Currently they are fed one meal a day four times each week.
5. Transportation is a major problem.
6. If a cook for the Aging program finds it necessary to be off the job temporarily or if the cook resigns, a replacement cannot be made immediately because of funding problems. There is no money available for an alternate or a substitute. The Project Director uses her own car to deliver supplies to each segment. Her salary is to be reduced in the near future to $9,000 per annum. It is hard to retain a good, hard working conscientious person under these conditions. The cooks are also underpaid. The Project Director could use several assistants in each segment who could constantly check on the welfare of the elderly. One person cannot do an adequate job for the entire reservation.

I realize that the securing of funds presents an enormous challenge. Perhaps the tribe would be interested in helping finance projects for the elderly. It is well and good to provide funds for wakes and pow wows, but would it be better to look after the welfare of the aged before they die?

Primitive conditions exist in some segments where the cooks prepare meals. Toilets do not operate. Cleanliness is a big problem. The Aging program needs kitchens of their own where the elderly can eat in peace without young children running in and out bumping into the elderly and standing watching them eat.

Recreational needs for the elderly are very inadequate. The aged need housing where rooms could be set aside for kitchens, socializing, etc.

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* Reference is to the National Indian Council on Aging. *Ed.*

Sorely needed is an individual who could plan meals designed to fill the nutritional needs of food liked and desired by aged Indians. This person should be able to train others in this area.

Contract physicians are also needed for ailments among the elderly such as diabetes, allergies, cancer, etc. Foot care is needed because of the danger of amputation when this care is not available to the diabetic elderly.

These physicians could come to the reservation on a periodic basis.

I feel that your office should be made aware of these problems, especially since you are a newcomer to our reservation. It is hoped that the BIA can possibly help us in resolving some of these problems.

Sincerely

/s/ Lawrence Birdsbill
Council member
National Indian Council on Aging

Lawrence Birdsbill (Hidatsa-Mandan), Member, National Indian Council on Aging

United States Department of the Interior
BUREAU OF INDIAN AFFAIRS
FORT BERTHOLD AGENCY
P.O. BOX 428
NEW TOWN, NORTH DAKOTA 58763

IN REPLY REFER TO:
Administration

July 27, 1977

Mr. Lawrence Birdsbill
Star Route Box 5A
New Town, North Dakota 58763

Dear Mr. Birdsbill:

In reference to your letter of July 20, 1977, I wish to extend my appreciation to you for the personal welcome.

I am looking forward to working with all agencies here on the reservation, hoping that by all of us working together we can achieve our many goals for the betterment of the Indian people.

I also congratulate you for being elected to the National Council on Aging; and I am sure that with the interest you have taken in this program, some of the items you listed can be accomplished.

I am asking that you plan to visit me here.at the office so that we can discuss the program and its needs.

Sincerely yours,

Donald D Morgan
Superintendent

Resolution Pertaining to the Elderly Indians on the Ft. Berthold Reservation, North Dakota To Be Presented to the General Council Meeting of the National Indian Council on Aging at Oneida, Wisconsin August 3-5, 1977

I. A resolution of the Three Affiliated Tribes, Ft. Berthold Indian Reservation, N.D., authorizing the NICOA to seek direct funding to Ft. Berthold Reservation.

Resolution to be presented to the General Council Meeting of the NICOA at Oneida, Wisconsin, August 3-5, 1977.

WHEREAS:

1. There are over 500 elderly Indians residing within the Ft. Berthold Indian Reservation. These include the Hidatsa, Mandan, and Arickara tribes; and
2. The Ft. Berthold Reservation comprises over 10,500 square miles of land. Lake Sakakawea, the largest earth made lake in the world, is over 10 miles wide in certain places. It separates most of the reservation. The only bridge within the reservation boundaries spans the lake at one end of the reservation. As a result, distances between five major communities range up to 220 miles by land; and
3. State programs designed to assist older Americans have often failed to provide equal opportunity for access to programs or equal levels of services to the elderly on the Ft. Berthold Reservation; and
4. Federal and State regulations and guidelines are often inappropriate and unworkable in the unique environment of the Ft. Berthold Reservation; and
5. State programs have failed to take into account the special problems of the Ft. Berthold elderly and the Indian input often has not been used in designing these programs; and
6. The poverty, which is an unwelcome companion of almost all the older Indians on the Ft. Berthold Reservation, makes it critical that programs designed to relieve this poverty be made available to the elderly at Ft. Berthold; and
7. The direct funding of the Older Americans' programs, especially designed to meet the unique problems of the elderly at Ft. Berthold and made uniformly available throughout this reservation under the sponsorship of an organization designated by the Tribal Council of the Three Affiliated Tribes will make the lives of the affected Indians more meaningful and would carry out the intent of Congress as expressed in the Older Americans Act of 1965.

NOW THEREFORE BE IT RESOLVED THAT:

The Tribal Council of the Three Affiliated Tribes, Ft. Berthold Indian Reservation, N.D., requests that the National Indian Council on Aging support direct funding of the Older Americans Assistance programs within the Ft. Berthold Indian Reservation. Such funds would come from the Federal Government to the people on the Ft. Berthold Reservation through the sponsorship of an organization designated by the Tribal Council, Three Affiliated Tribes.

SIGNED this 27th day of July 77, at New Town, N.D.:

CERTIFICATION

I, the undersigned, as Secretary of the Tribal Business Council of the Three Affiliated Tribes of the Fort Berthold Reservation, hereby certify that the Tribal Business Council is composed of 11 members of whom 8 constituting a quorum were present at a Special meeting, thereof duly called, noticed, convened and held on the 27th day of July, 1977; that the foregoing resolution was duly adopted at such meeting by the affirmative vote of 8 members, 0 members opposed, 0 members abstained, 0 members passed, and that the said resolution has not been rescinded or amended in any way. Chairperson (voting) (not voting).

Dated this 27th day of July, 1977.

/s/ Hazel M. Blake
Secretary, Tribal Business Council

ATTEST:

/s/ Ronald Little Owl, Vice
Chairperson, Tribal Business Council

II. Statements defining the specific needs of the elderly on the Ft. Berthold Reservation in the areas of physical well-being, environmental and legal problems.

A. PHYSICAL WELL-BEING

1. Hospital Care

The elderly in many cases are neglected in securing adequate medical care.

The complaints of the elderly are not heard by relatives and/or health and medical workers.

When an old person is ill, he is often not taken to a physician until he is seriously ill or is developing complications.

There is a serious lack of transportation which further contributes to delayed medical attention.

It is believed that the elderly are not receiving adequate medical services on the Ft. Berthold reservation and that a hospital is badly needed for this reservation. The nearest hospital is located at least 50 miles from any community on the reservation.

2. Outpatient Care

The elderly are not receiving adequate service in dental care, life care and acquiring aids such as hearing aids, eyeglasses, false teeth, etc.

Educational information and instructions are not adequately provided in the areas of preventive medicine and personal hygiene.

Emergency services are grossly inadequate.

An intensive educational program should be developed to assist the elderly who are eligible for Medicaid and Medicare insurance so they can understand and properly use this type of insurance.

The elderly need health diagnostic and treatment services in the areas of diabetes, hypertension, obesity and nutrition.

3. Outreach Program

Care of elderly people in their own homes is grossly lacking. The elderly are without proper care and without being adequately fed in many instances.

The outreach program is badly needed in all five segments of the reservation. Personnel are needed to go to all five communities and homes to provide necessary services to the elderly.

The following services should be provided:

a. Visits by home health care personnel.
b. Congregate feeding programs or "Meals on Wheels."
c. Reassurance and protection through contacts by tribal or project staffs and regular (tribal) police patrols.
d. Escort service to medical facilities and other services.
e. The elderly should be informed about all benefits available to them from other programs and agencies.
f. Telephone service, where available.

4. Transportation

It is difficult to provide congregate and home meal services to all eligible senior citizens on the reservation. There is no reliable transportation system to transport the elderly to any point on the reservation, particularly to the places where meals are served. Currently, Community Action Program personnel are assisting with home delivered meal service. Because of the great distances involved, meals are often cold by the time they reach their destination.

There is a need for the construction and improving of roads throughout the entire Reservation. Especially needed are improvements of roads from main thoroughfares to the homes. Many of the old roads are washed out and families reach their homes through trails made in fields.

Transportation is very limited with no cross-reservation mobility sources. Most of the elderly are not in a position to drive or own a vehicle for their own transportation.

Because of the lack of transportation, the elderly cannot acquire those necessities and supplies which would assure them of a normal and healthy life.

There is a need for vehicles, mileage allowance increases for current personnel now aiding the elderly, fuel and additional personnel to operate transportation systems both within and outside the reservation.

5. Nutrition

Many of the elderly are malnourished. This is the result of both an inadequate nutritional education program and the lack of familiar and nutritional foods. Poor nutrition contributes to poor health and a lower life expectancy.

The elderly need *daily* balanced meals. Currently they are fed one meal a day four times each week.

6. Contract Health Services

Contract physicians are needed for ailments such as diabetes, allergies, cancer and arthritis. Foot care is needed for elderly diabetics, as there is always danger of amputation when this care is not available to these people.

Contract physicians should come to the reservation on a periodic basis and be available at all five communities on the reservation.

7. Communications

The elderly in the more rural areas of the reservation are isolated and lack communication with others.

A radio broadcasting station is sorely needed on the reservation for broadcasting in the native tongue of each segment.

8. Equipment for the Sick

There is an urgent need for equipment for the sick and disabled; e.g., artificial limbs, walkers, hospital type beds, portable toilets, etc.

9. Final Expenses

Final expenses create real hardship for the families of the elderly. Resources are needed to help meet these rising expenses.

B. ENVIRONMENT

1. Nursing Homes

Nursing homes and nursing care are needed in every segment of the reservation. Funds should be made available for the design, construction and operation of such homes on the local level.

Nursing homes need to be located in close proximity to the home communities of the older people so they could stay in touch with family and friends.

The design of nursing homes should take into consideration the social, emotional and physical needs of the Indian elderly.

2. Housing

Many elderly Indians do not have sufficient income to cover the cost of housing and utilities.

Program policies governing housing should not be restricted but should be adaptable to the housing needs of the elderly and their financial capability. Wherever necessary, provisions of housing at no cost should be provided for the elderly.

3. Home Repairs and Maintenance

Repairs and maintenance of dwellings should be provided the elderly on a no-cost basis. Many elderly live in inadequate housing which is too cold in the winter and too hot in the summer. Winterization and weatherization of homes for the elderly should be made a priority.

There is a great need to make homes safer and more healthful for elderly people who cannot afford home improvements.

4. Day Care Centers

There is a need for several kinds of day care centers which would provide maximum benefits for the elderly:

a. Day care facilities where the elderly could spend an entire day or remain overnight for short periods of time when they need care or companionship.
b. Visitation day care facilities where outreach workers can call on the elderly to assist in their needs and problems.
c. More community day care centers for the children where the elderly can share and/or be employed in caring for such children as foster grandparents.

5. Senior Citizens Centers

Social and recreational opportunities should be given the elderly. These centers could serve a dual purpose—that of providing supportive services and as a constructive means of helping the elderly maintain the customs of their culture.

6. Water

In some communities the water is unfit for human consumption and it ruins plumbing fixtures. There is a great need for adequate wells and pure water supplies.

C. LEGAL SERVICES

Because of language barriers and the lack of understanding of the processes of law, the elderly are a vulnerable target group.

Legal services for all the elderly would afford them with protection and an improved sense of security.

Currently the only legal services available are in one segment of the reservation. These services should be made available in all communities on the reservation.

D. MISCELLANEOUS

In our continuous efforts to seek needed help for the elderly on the Ft. Berthold Reservation, we need to be immediately informed about the various Federal and State programs as they become available.

E. SALARIES

The Project Director for the Aging, Ft. Berthold Reservation, currently uses her own car to deliver food supplies to each segment of the reservation. Her salary is to be reduced in the near future to $9,000 per annum. It is difficult to retain a good, hard-working, conscientious person under these conditions.

The cooks for the aging program are also underpaid at $2 plus per hour. Cooks in adjacent cities make somewhere between $3 and $4 per hour.

The Project Director for the Aging, Ft. Berthold Reservation, needs at least five assistants, one for each community, who could constantly check on the welfare of the elderly. One person cannot do an adequate job for the entire reservation. Salaries of the assistants should be a minimum of $7,200 per annum.

Funds are needed for substitute cooks. At present if a cook resigns or finds it necessary to be off the job temporarily, an immediate replacement cannot be made because of lack of funds.

NATIONAL INDIAN CONFERENCE ON AGING
NATIONAL TRIBAL CHAIRMEN'S ASSOCIATION

Name of Tribe/Alaskan Native Community/Indian Organization THREE AFFILIATED TRIBES

Mailing Address FT. BERTHOLD INDIAN AGENCY, NEW TOWN, N.D. 58763

Telephone 505-256-1204

Name of person submitting this report Lawrence Birdsbill and Roberta Youngbird

Title NICOA COUNCIL MEMBER

Date

Number of persons in service population who are:
According to BIA, 45–64 = 374 and 65 years and over = 125
Between 50 and 55 (   ) 55-60 (   ) 60 and over (   )

A recent count has not been taken by the Program, but it is one of our objectives when we initiate our pending funding for an outreach program for the elderly.

Are you now receiving funding for services to the elderly?

(X) Yes (   ) No

If yes, from what Agency?

(   ) Tribe (   ) ANA (ONAP) (   ) Title XX (PSA) (   ) HUD (   ) CSA

(X) State Agency on Aging (   ) Area Agency on Aging

(   ) Other (please describe)

What services are you currently providing for the elderly in your community?

(   ) Housing (X) Nutrition (   ) Senior Center (X) Transportation (including escort service)

(   ) Homemaker, Laundry, Shopping, Housecleaning (cross out what does not apply)

(   ) Security – patrol service, telephone reassurance

(   ) Other (please describe)

What services for the elderly are most needed in your community? (Please describe)

Transportation, Homemaker Services, Outreach Services, and Personnel.

(Over)

Have you tried to obtain funding for these services?

(X) Yes ( ) No

If yes, from what agency? CSA, ONAP, CETA, and the Tribe

What was the reason given for not funding your project? The State has money for transportation and outreach services for the elderly, in addition, to other services provided for the elderly in the State.

ADDITIONAL COMMENTS:

At present, we are in need of funds for administration and personnel. Our grant from the State meets the nutrition needs with some transportation, but it is not enough to operate an efficient program for communities as distances as far apart as the communities we serve on Fort Berthold. Five sites are operating five days a week with CETA employing the cooks in the community centers, BIA buildings, Tribal and community buildings where supplies are delivered monthly.

The State advised the program that under Title VII the eligibility age is 60 years old. During the three years of funding under Title III, we were allowed to serve 50 year olds. But with the new funding which began November 1, 1977; we will be required to switch back to 60.

I have requested a Technical Assistant to come from ACKCO, INC. and assist us in obtaining additional funds to operate the program more efficiently and effectively. We will be compiling information concerning the program and its needs for strategy to present to the State for more funds and accepting the age limit of 50 or 55 years for the Native American elderly.

/s/ Roberta Young Bird
Roberta Young Bird, Program Director
Fort Berthold Aging Services Program

DATE: December 20, 1977

PLEASE RETURN PRIOR TO NOVEMBER 18, 1977, TO:

NATIONAL INDIAN CONFERENCE ON AGING
NATIONAL TRIBAL CHAIRMEN'S ASSOCIATION
P.O. BOX 2088
ALBUQUERQUE, N.M. 87103

Testimony on The Needs of
Elderly Members of the Sisseton-Wahpeton Sioux Tribe
for the
Input Hearing for the State Plan on Aging
Submitted by the Tribal Human Services Board
February 24, 1977

We will appreciate State Office on Aging consideration of the following needs of our elderly when formulating the objectives and projecting the budget for the State Plan on Aging.

1. Need For Our Own Program

Our Dakota Indian Senior Citizens have been retarded in developing a comprehensive and progressive Tribal Senior Citizens Program. Through the efforts of the North East South Dakota Community Action Program and other local agencies, we do have Senior Citizens programs in Sisseton and in Waubay that some Indian people have participated in. However, incidents have occurred in these programs that have made some of our Indian people to feel unwelcome. Hence, the first need that was identified was to develop a Tribal Senior Citizens Program that was staffed by Tribal people, was responsive to the special needs and problems of Dakota Indian Senior Citizens, and was well-coordinated with other programs and priorities of the Sisseton-Wahpeton Sioux Tribe.

2. Need For Coordinator To Set Up and Implement Program

We have identified a need to hire a competent Senior Citizens Program Coordinator, whose responsibility it will be to arrange van schedules, supervise Green Thumbers working with Sr. Citizens, bus drivers, cooks, and other outreach staff, coordinate with other Title programs and benefits offered under the Older Americans Act and from other resources, and tap into these resources. At the present time, the Tribal Human Services Board, a Board composed of membership from the seven Tribal districts whose role it is to advise the Tribal Council and Tribal programs in matters pertaining to health and welfare of Tribal members, has taken an active interest in helping the Tribal Senior Citizens to get organized. We have applied to Title III for monies to hire this Coordinator and expect to receive notification concerning this grant any day. However, this grant (if we do indeed receive it) will only be for a 5-month duration and we have no guarantee of continued monies from Title III for this person's salary. We believe that there is a real need for a Coordinator to stay on top of the efforts to develop and implement the Tribal Program; and we request that the Office on Aging include a salary for this person into their projections for the next State Plan on Aging.

3. Need To Train Coordinator on Resources Available And For Him to Mobilize These Resources

We identify a need for an in-service orientation to be provided for staff persons working with Tribal Senior Citizens to inform them about all the benefits that are available for Senior Citizens and to explain to them how to tap into these programs. These staff persons should be given an opportunity to develop and practice organizing skills so that they will have a better idea of how to go about getting the Senior Citizens organized and operating efficiently. There is also a need to mobilize existing resources to benefit our elderly. We need to make resource people aware of the existence of these services so that they will make use of them. We further identify a need for expansion of existing homemaker aide services, nursing services, legal services, and other outreach services.

4. Need For Our Elderly To Be Contacted and Their Needs Assessed, Documented and Followed Up On

We have identified a total of 349 elderly persons, 209 of which are aged 60 years and older and 138 of which are between the ages of 50 and 59. This number also reflects non-Indian spouses of Tribal members who would like to participate in the Tribal Senior Citizens Program with their husbands or wives. We estimate that all 349 of these persons would be regarded as low income. It is well known that the life-expectancy of Indian people is shorter than that of the average American population. We are particularly concerned about those persons whose life-spans have been shorted by inadequate diets and alcoholism. We believe that there is need to conduct a comprehensive needs assessment survey of the 349 Tribal Senior Citizens, both to involve them in the planning and implementation of their program and to assess their health, housing, financial and social needs. The program that develops must be responsive to these needs.

5. Need For System of Transportation To Be Developed

We do have one Tribal Senior Citizens van and have applied for an additional one (though we have heard that our application will not be considered until late this summer). There is need for a schedule to be developed so that the two vans can pick up Senior Citizens and deliver them to the Centers and return them home after scheduled activities on a daily basis. These vehicles will also be responsive to Tribal Senior Citizens in the various districts for special trips, including shopping trips, trips to community-sponsored activities, recreational outings, and visits to clinics. We need to identify a need for monies to operate these vehicles, since adequate transportation is fundamental to the success of our Program.

6. Need For Additional Health Outreach Services To Be Developed

We have suggested that the Comminity Health Representatives (CHR's) from each district make a list of the Sr. Citizens from each district and make regularly scheduled home visits. We have also suggested that the CHR's implement a card system, whereby the elderly could put a colored sign in their windows to notify the CHR (and other Outreach workers) of their present needs as they pass by on the road. (Red could mean *Stop!*; yellow could mean that everything is all right; and blue that transportation is needed.)

7. Need to Establish Centers at Decentralized Locations to Meet Social and Nutritional Needs of Our Elderly

We have established a need to decentralize and base our Senior Citizens Program in the seven Tribal Districts: Big Coulee, Buffalo Lake, Enemy Swim, Lake Traverse, Long Hollow, Old Agency, and Veblen. Construction is being completed on the new district centers in each of the seven communities. We believe that this decentralization will result in the reaching of many more elderly persons. The objective of the Centers will be to provide social and recreational activities for the elderly, as well as well-balanced and nutritional meals. The programs would also give the elderly an opportunity to make productive contributions (including fund-raising projects) to their Center and the whole community.

8. Need for Home Improvement and Additional Housing

We have two HUD units in our community that are designed specifically for elderly people. We identify the need for other such units in our community—perhaps in some of the other Tribal districts. Such units make it possible for Tribal Senior Citizens to remain in their communities and near their families while at the same time providing for their special needs.

Some of our Human Services Board members were fortunate enough to attend the National Indian Conference on Aging in Phoenix during June, 1976. We are in agreement with several of the recommendations coming out of that Conference. We believe that all programs designed to serve Native American elders funded through the Office on Aging should be granted for a minimum of five years. Those programs which have then demonstrated their effectiveness in serving Native American elders could be continued to be funded on an on-going basis. It was also recommended that the Congress of the United States be petitioned to amend the Older Americans Act to provide for direct funding of programs to Indian Tribes. We think that there is a definite need for such a legislative change. But in the meantime, we want to see our Tribal Senior Citizens benefit from existing programs.

The welfare of our Tribal Senior Citizens has been a primary concern to the Tribal Human Services Board. We have appreciated the opportunity to have the Sisseton-Wahpeton Sioux Tribe have input at this hearing about the needs of our Dakota elderly. We hope that our needs will be reflected in the State Plan on Aging.

SUBMITTED BY TRIBAL HUMAN SERVICES BOARD
Box 256, Sisseton, South Dakota 57262
Irene Gronau, Chairwoman
Dormalie Robertson, Secretary

TRIBAL ELDERLY PROGRAM GRANT PROPOSAL NARRATIVE

A. Statement of Need:

National Indian Conference on Aging—Ideas We Brought Back

Some of our Tribal Human Services Board members were fortunate to be able to attend the National Indian Conference on Aging in Phoenix during June, 1976. We are in agreement with several of the recommendations coming out of that Conference. We believe that all programs designed to serve Native American elders funded through the Office on Aging should be granted for a minimum period of five years. Those programs which have then demonstrated their effectiveness in serving Native American elders could then be continued to be funded on an on-going basis. It was also recommended that the Congress of the United States be petitioned to amend the Older Americans Act to provide for direct funding of programs to Indian Tribes. They went also on record, recommending that the age requirement for Indian participants be lowered to forty-five (45) years of age. On the Lake Traverse Reservation we are envisioning a program that would include persons who are between fifty (50) and fifty-five (55), who are elderly by our standards and who could benefit from a Tribal Elderly Program. Particularly we are concerned about those persons whose lifespans have been shortened by inadequate diets and alcoholism. We think that there is a definite need for the changes advocated at the Conference to be implemented. But in the meantime, we want to see our elderly tribal members benefit from existing programs.

Eligible People Being Identified

According to the Vital Statistics compiled for the Sisseton-Wahpeton Sioux Tribe, there are six hundred twenty-six (626) tribal members born before the year 1927. Four hundred (400) of these persons are fifty-five (55) years old or older. Please note that this number does *not* reflect non-Indian spouses of tribal members who would like to participate in the Tribal Elderly Program with their husbands or wives. We estimate that all of these persons would be regarded as low-income, although we will have a better idea once the comprehensive needs assessment (currently being conducted) is completed. It is well-known that the life-expectancy of Indian people is shorter than that of the average United States population. We are presently in the process of conducting a comprehensive needs assessment survey of elderly tribal members, both to involve them in the planning and implementation of their program and to assess their health, housing, financial, and social needs. We want the program that develops to be responsive to these needs.

Need For Our Own Program

Our elderly tribal members have been delayed in developing a comprehensive and progressive Tribal Elderly Program. Through the efforts of the North East South Dakota Community Action Program and other local agencies, we do have Senior Citizens Programs in Sisseton and Waubay, which some Indian elders have participated in. However, incidents have occurred in these programs that have made some of our Indian people to feel unwelcome. Hence, the first need that was identified was to develop a Tribal Elderly Program that was staffed by Indian people, was responsive to the special needs and problems of Dakotah Indian elders, and was well-coordinated with other programs and priorities of the Sisseton-Wahpeton Sioux Tribe.

History of Our Effort

The Sisseton-Wahpeton Sioux Tribe received a grant from the Title III Program under the Older Americans Act for FY 76, to establish a Tribal Senior Citizens Program. A center was established in Sisseton, a van was purchased, and a Coordinator was hired under the South Dakota Farmer's Union Green Thumb Program. However, we encountered a number of unforeseen problems during our first year of operation. First, most of our tribal elders live in outlying rural areas, covering portions of three counties; and it was inconvenient for them to become active participants at the facility located in the city of Sisseton. Secondly, the Tribal Senior Citizens Program Coordinator resigned. Then the position of the tribal employee whose responsibility it had been to develop plans for and stay on top of the Elderly Program had her position discontinued by Tribal Council Action. Finally, the facility that housed the Tribal Elderly Program in Sisseton was sold, and the Program was left without a Center. As a result, our elderly remained unorganized into an Elderly Program.

Need for Decentralization Identified

At that point, we identified a need to decentralize and base our Elderly Program in the seven tribal district communities: Big Coulee District, Buffalo Lake District, Enemy Swim District, Lake Traverse District, Long Hollow District, Old Agency District, and Veblen District. This summer construction will be completed on the new district centers in each of the seven communities. We believe this decentralization will result in the reaching of many more elderly people.

More Background on Our Effort

During the past year, we have submitted four (4) applications to the Office on Aging, Title III, for monies to implement our proposed decentralized elderly program. On November 16, the South Dakota State Project Review Committee went on record to support our request for a grant to get our program started. However, we were informed that monies for FY 77 had already been allocated, based on projections compiled by Office on Aging staff. As a result of this scarcity of funds, Office on Aging staff suggested that we submit two applications for funding this year. The comprehensive needs assessment was identified as the first step in the implementation plan for our program, and the State did fund us for five months to do this portion of our plan. We had at that time expressed some concerns about requesting a grant for only five months, we feared that we might have a difficult time recruiting a qualified Coordinator. In addition, we believed that the Coordinator's home visits would build the expectations of our elderly people up for a letdown if we did not receive monies to implement the program after the first phase. But we felt that the needs assessment in itself would furnish the Tribe with valuable information about our elderly people—and would document to the Office on Aging the needs of our elderly. as well.

Our Current Project

Upon receipt of notification of our grant award, we did recruit, and on May 2nd hired Beatrice LaFromboise to do the needs assessment survey of our elderly people. She received an orientation from Frances Redfield, Regional Coordinator on Aging, and from the Tribal Health Department staff regarding how to perform the work required. At the present time this survey is only partially completed. And due to the need to get the application for continuation funding in several months in advance, specific information from the survey is not available to include in this statement of need. However, this information will be forthcoming. A primary consideration when Bea was selected for the Coordinator position was her ability to relate to the elderly and carry on with the next phase of the proposed program.

Need For Coordinator to Set Up and Implement Our Program

We have identified a need for a competent Elderly Program Coordinator, whose responsibility it will be to arrange van schedules; supervise Green Thumbers working with the elderly, as well as bus drivers, cooks, and other outreach staff; coordinate with other Title programs and benefits offered under the Older Americans Act and from other resources; and tap into these resources. We believe there is a real need for a Coordinator to stay on top of the efforts to develop and implement the Tribal Elderly Program and to act as a catalyst in helping the district programs to organize.

Need to Train Staff to Organize Centers and to Mobilize Resources and Develop More of Them

We identify a need for an inservice orientation to be provided for staff persons working with the tribal elderly, to inform them about all the benefits that are available for Senior Citizens, and to explain to them how to tap into these programs. These staff persons should be given the opportunity to develop and practice inter-personal communication and community organization skills, so that they will have a better idea of how to go about getting the District Elderly Programs organized and operating efficiently. There is also a need to mobilize existing resources to benefit our elderly. We need to make resource people aware of the existence of these services so that they will make use of them. We further identify a need for expansion of existing homemaker aide services, nursing services, legal services, and other outreach services.

Need to Develop Transportation System

We do have one Tribal Elderly Program van and have applied for an additional one (although we have heard that our application will not be considered until later this summer). There is need for a schedule to be developed for the two vans, so that the elderly can be transported from their homes to the Centers and then returned to their homes after scheduled activities. These vehicles must also be responsive to the elderly in the various districts for special trips, including shopping trips, trips to community-sponsored activities, recreational outings, and visits to clinics. We identify a need for monies to operate these vehicles, since adequate transportation is fundamental to the success of our Program.

Need for Home Improvement and Additional Housing

We have two HUD units in our community that are designed specifically for elderly people. We identify the need for other such units in our community—perhaps in some of the other Tribal districts. Such units make it possible for tribal elders to remain in their communities and near their families, while at the same time providing for their special needs. Many of our elderly people also have homes which need to be repaired or winterized.

Some Existing Community Resources Identified

In addition to the aforementioned Tribal Elderly Program bus that we have and the one we have applied for, we do have a bus driver who is hired under CETA. We do have the district centers, which are located in the seven tribal communities, and which include kitchens and space for social and recreational activities. Due to the efforts of the South Dakota Farmer's Union Green Thumb Program and The Lutheran Church—Missouri Synod, Indian Lutheran Board, five of the seven district centers have been equipped with kitchen utensils intended to be used for feeding programs. In addition, we do have local tribal members who are employed through the Green Thumb Program, who could help to organize the Elderly Centers at the district level. At the present time, two of our seven districts have their programs organized: Lake Traverse District and Old Agency District. The Tribal Human Services Board has become an advocate in behalf of the elderly, and has requested the Tribal Manpower Department to allocate either a Green Thumb or CETA position to act as a Cook-Center Supervisor in each district. The Sisseton-Wahpeton Sioux Tribe does operate a Tribal Farm, and the Tribal Human Services Board has requested that in the future a truck garden be established for the Elderly Program. Produce from the truck garden, as well as meat from livestock raised at the Tribal Farm could be processed at our community *Wotehdaptesni* Canning Center and distributed to the districts for use by the elderly. In addition, the Human Services Board will request that the Sisseton-Wahpeton Tribe negotiate to obtain USDA commodities to be used in preparing meals for the elderly in all of the districts. In the way of health resources, we have Community Health Representatives (CHR's) assigned to each district who are available to conduct health-oriented workshops and to provide direct services to the elderly. We do have one CHR, Tina Renville, who is assigned to work exclusively with the elderly. We have staff in the Tribal Alcoholism Program available to provide services and counselling to those who need it. In addition, we do have an Adult Education Department which would conduct educational classes for the elderly on topics of their choice. Also available in our community are Indian Health Service staff services, services from the Bureau of Indian Affairs, homemaker services from the Department of Social Services, N.E.S.D.C.A.P. outreach services, and low-rent housing for the elderly.

B. Goal

Our overall goal is to promote activities and programs for elderly tribal members that will improve their standard of living, their health, and their sense of well-being and productivity during their elderly years.

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Our aim for the 1978 program year is to establish active Elderly Programs in the seven (7) tribal district communities. We propose to accomplish this through the following objectives and action steps.

C. Objectives, Rationale, and Action Steps to Achieve Objectives

1. We propose to retain in our employment the Tribal Elderly Program Coordinator.

Rationale: We have identified a need for a Coordinator who will be responsible for supervising and directing all other tribal staff working with the Indian elderly, coordinating van schedules, accepting referrals from and making referrals to other resources, coordinating with tribal and other resources in behalf of the elderly, and proposing for and managing program funds.

(a) A position description, scope of work, and time-table will be developed, through cooperative participation by the Elderly Program Coordinator, Tribal Health Planner, Tribal Health Planner, Tribal Health Administration, and the Regional Coordinator on Aging;

Time-table: September 1, 1977

(b) The Elderly Program Coordinator and Tribal Health Administrator will negotiate with the Tribal Manpower Department and/or the Green Thumb Program for placement of a CETA or Green Thumber at each site to act as Cook-Center Supervisors;

Time-table: January 1, 1978

(c) The Elderly Program Coordinator, Health Planner, and Health Administration will develop position descriptions for the Cook Center Supervisors. Duties will include preparing meals, organizing and coordinating activities, keeping records in accordance with the requirements of the Office on Aging and the Sisseton-Wahpeton Sioux Tribe, and providing outreach services as appropriate;

Time-table: January 1, 1978

(d) The Regional Coordinator, Farmer's Union Green Thumb Program, Health Planner, Tribal Health Administration, and Tribal Education Department will develop and implement in-service training for all staff persons working with elderly tribal members that will:

(1) Inform them about all the benefits and resources available to the elderly;
(2) Give them an opportunity to practice mobilizing these various resources (through role-playing);
(3) Increase awareness of inter-personal and community organization skills;
(4) Provide opportunity (through role-playing and films) for staff to rehearse and practice these skills;
(5) Orient staff about the various offices, their functions, and the structure of the Office on Aging (if possible, include introductions to these staff);
(6) Expose staff to the forms and reporting requirements of the Office on Aging and the Sisseton-Wahpeton Sioux Tribe;
(7) Provide opportunity to practice filling out these forms, keeping books, and making reports;
(8) Orient staff on the long-range goals of the Elderly Program, as well as the immediate organizational ones; and,
(9) Increase awareness of staff regarding first aid, geriatrics, and social-psychological factors of aging;

Time-table: Ongoing, but initiated by October 15, 1977

(e) The Coordinator will keep her own set of bookkeeping records, independent from those of the Tribal Finance Department, so that she will be aware of the financial status of the program.

Time-table: On-going

2. We propose to establish Elderly Programs in the seven (7) tribal districts, using the new district centers as elderly centers.

Rationale: Our intent is to address the nutritional, health, educational, and recreational needs of our elderly at the district community level.

Time-table: Consistent with implementation schedule set forth below

(a) By January 1, 1978, a program will be initiated in the 7 districts, the implementation schedule proposed as follows:

Lake Traverse District Elderly Center	In Operation
Old Agency District Elderly Center	In Operation
Big Coulee District Elderly Center	October 15, 1977
Enemy Swim District Elderly Center	November 1, 1977
Buffalo Lake District Elderly Center	November 15, 1977
Veblen District Elderly Center	December 1, 1977
Long Hollow District Elderly Center	December 15, 1977

(b) The Elderly Program Coordinator will encourage elderly tribal members to participate in nutritional, recreational, and field health activities, both those designed specifically for the elderly and those of the community in general;

(c) The Elderly Program Coordinator and Cook-Center Supervisors will facilitate organization of the elderly at each district by assisting them in the mechanics of choosing officers and assigning committees to plan and implement their district programs, or in some other organizational format of their choice;

(d) The Elderly Program Coordinator will assist and facilitate the District Programs to implement activities of their choice, including: meals, bingo games, cultural projects, sewing projects, crafts projects, social gatherings, diabetic-geriatric-hypertension clinics, and workshops (i.e., Dietetics, Social Security Benefits, Disease Prevention, Gerokinesiatrics, Grandparenting, Aging, Alcoholism), calling upon the Tribal Adult Education Department, Community Health Representatives, Indian Health Service, the Bureau of Indian Affairs, and other resource people to implement these activities; and,

(e) Accurate record-keeping and monitoring will be established as a responsibility of the Tribal Elderly Program Coordinator, to insure that Older Americans Act funds are expended properly and only for eligible participants.

3. We propose to establish a system of transportation for elderly tribal members.

Rationale: We identify a need for transportation to be available to the elderly so that they can participate in activities they have organized, to bring them in to the Centers, and to transport them for special trips (i.e., shopping, recreational trips, community sponsored activities, and clinic).

(a) The Elderly Program Coordinator, Tribal Health Administration, and Health Planner will establish a route for the Sr. Citizens van that we do have, which will be responsive to the needs of the elderly who do not have transportation available to them. (If our application for an additional van is approved, these people will develop a route for the second van);

Time-table: September 15, 1977

(b) The Elderly Program Coordinator will develop and post a weekly schedule for the van (or vans) and will make this information available to elderly program participants;

Time-table: On going

(c) The Elderly Program Coordinator and Cook-Center Supervisors will explain to elderly people how they can take advantage of the transportation system and will afford them with opportunities to use the van;

Time-table: On going

(d) A position description will be developed for the bus driver, which will require him to be supervised by the Elderly Program Coordinator, to receive some relevant on the job training (first aid), and to keep updated daily mileage reports and gas receipts;

Time-table: September 1, 1977

(e) The Elderly Program Coordinator will also encourage informal transportation to be arranged whenever possible, by elderly volunteers and relatives of the elderly participants.

Time-table: On-going

4. We propose to establish field health activities at the district elderly centers.

Rationale: We are concerned that our tribal elderly people have an opportunity to participate in programs, activities, and workshops designed to prevent the health disorders prevalent among the elderly. We believe that our elderly need to be made more aware of their physical needs and encouraged to take steps in prevention that will enable them to live longer and in good health.

(a) The Elderly Program Coordinator will contact the Community Health Representatives (CHR's), Indian Health Service field health staff, the Tribal Alcoholism community educator, Tribal Adult Education Program staff, and other community resources about programs, activities, and workshops that they could implement at the district level;

Time-table: January 1, 1978

(b) The Elderly Program Coordinator and Cook-Center Supervisors will encourage elderly district members to participate in these activities, programs, and workshops, scheduled at the district level in their behalf, and will post a schedule and disperse information about these;

(c) Staff will arrange for transportation, if it is needed;

(d) Staff will monitor feedback from the elderly in response to each activity; and subsequent activities, programs, and workshops will be designed to be consistent with the ideas and wishes expressed by the elderly;

Time-table (for b, c, d): On-going

(e) The Elderly Program Coordinator will coordinate with the Community Health Representatives (CHR's) from each district to make a list of their elderly and make regularly scheduled home visits. The Coordinator will coordinate with the CHR's to implement a card system, whereby the elderly could put a colored sign in their windows to notify the CHR's (and other outreach workers, and neighbors) of their present state as they pass by on the road. (Red could mean *Stop!*; yellow could mean that everything is all right; and blue that transportation is needed, etc.); and,

Time-table: Initiated by January 1, 1978

(f) The coordinator will facilitate integration of the project into the total district community effort, so that it will be viewed as such.

Time-table: On-going

5. We propose to implement a system to raise money to maintain the district elderly programs.

Rationale: Since we understand that programs eligible to receive funds under Title III of the Older Americans Act are for limited duration, we are concerned that our elderly programs develop to become self-sufficient. We do not want our program to collapse when Title III dollars are no longer available to continue activities initiated through the grants.

(a) Monies from the Office on Aging will be used to purchase food initially, but the elderly will contribute what they can afford (perhaps 60¢ per meal) and this will be used to purchase more food and keep the program running;

(b) The elderly Program Coordinator will provide Elderly Program participants with opportunities and materials (both bought and donated) to make money for the program, with the assistance of the Cook-Center Supervisors;

(c) The Coordinator, Tribal Health Administrator, and Health Planner will seek funding from other resources to maintain and operate the van(s) (i.e., from Tribal Government);

(d) The Coordinator and Cook-Center Supervisors will explain and make an effort to have the elderly and tribal members understand that the ultimate aim of the program is to exist without government financial assistance;

(e) Accurate bookkeeping records will be maintained by the Cook-Center Supervisors and/or the duly elected District Elderly Program Treasurer, documenting the amounts of money raised by each center; and,

(f) These monies will be used to continue the program at the district level and as an inkind match to the Title III grant.

Time-table for Objective Five: On-going

6. We propose to facilitate the coordination and mobilization of community resources in behalf of elderly tribal members.

Rationale: We believe that there is a need for liaison-advocacy activity in order to sensitize community resources as to the needs of the elderly and to mobilize them to provide services to elders.

(a) The Coordinator and Cook-Center Supervisors will accept referrals from and make referrals to appropriate community resources, including Indian Health Service, Bureau of Indian Affairs, Department of Social Services, South Dakota Farmer's Union Green Thumb Program, North East South Dakota Community Action Program, and others;

(b) The Coordinator will act as an advocate in behalf of the elderly and community and tribal resource programs, the Human Services Board, and Tribal Government;

(c) The Coordinator will attend monthly and appropriate special meetings of the Tribe's Human Services Board, the advisory and policy-recommending board to the Tribal Council, which will continue to offer suggestions to the program, to other tribal programs, and the Tribal Council, in behalf of the elderly;

(d) The Coordinator and other staff will attend appropriate meetings, conferences, workshops, etc. to represent and speak in behalf of the Indian elderly;

(e) The Coordinator will correspond as appropriate in behalf of the Indian elderly;

(f) The Coordinator will attend bi-monthly Tribal Health Department staff meetings scheduled by the Health Administrator, in order to facilitate coordination with other outreach workers; and,

(g) The Coordinator will make home visits to assess needs and will make appropriate referrals for services in behalf of all the homebound elderly who desire to have services performed for them.

Time-table for Objective Six: On-going

NATIONAL INDIAN CONFERENCE ON AGING
NATIONAL TRIBAL CHAIRMEN'S ASSOCIATION

Name of Tribe/Alaskan Native Community/Indian Organization Flandreau Santee Sioux Tribe

Mailing Address Flandreau Santee Sioux Tribe
Box 292
Flandreau, South Dk.

Telephone Zip 57028

Name of person submitting this report Donald Schafer

Title Health Planner

Date 26 Oct.

Number of persons in service population who are:

Between 50 and 55 ( ) 55-60 ( ) 60 and over ( )

Are you now receiving funding for services to the elderly?

( ) Yes (x) No

If yes, from what Agency?

( ) Tribe ( ) ANA (ONAP) ( ) Title XX (PSA) ( ) HUD ( ) CSA

( ) State Agency on Aging ( ) Area Agency on Aging

( ) Other (please describe)

What services are you currently providing for the elderly in your community?

( ) Housing ( ) Nutrition ( ) Senior Center (x) Transportation (including escort service)

(x) Homemaker, Laundry, Shopping, Housecleaning (cross out what does not apply)

( ) Security – patrol service, telephone reassurance

( ) Other (please describe)

What services for the elderly are most needed in your community? (Please describe)

a full service Elderly program. people hired to serve the elderly people.

(Over)

Have you tried to obtain funding for these services?

( ) Yes (x) No

If yes, from what agency? ______________________

What was the reason given for not funding your project? No OEO Status.

ADDITIONAL COMMENTS:

We are a small tribe - population of 325. Our elderly people no. 25-36 many who don't know if they are eligible for SSI or SS.

PLEASE RETURN PRIOR TO NOVEMBER 18, 1977, TO:

NATIONAL INDIAN CONFERENCE ON AGING
NATIONAL TRIBAL CHAIRMEN'S ASSOCIATION
P.O. BOX 2088
ALBUQUERQUE, N.M. 87103

PLANNING STRATEGY FOR ACTION

The recommendations for action made at the National Indian Conference on Aging have nationwide validity and illustrate the caliber of input participants were prepared to provide. However, to plan our future strategy, continued input is needed from you. You can help by providing answers to the following questions:

What impact has the Older American Act of 1965, as amended, had in your community? We have been funded under the Title III of the Older Americans Act to do a needs assessment of our elderly. We also have purchased a van.

What federal resources are reaching Older American Indians in your community? State Agency on Aging; Social Security Administration

Is the funding for the above programs from:

A. *State Agency on Aging* X
B. *Area Agency on Aging*
C. *Community Services Administration*
D. *Social Security Administration*
E. *Other*

Allocation of resources under the Older Americans Act of 1965, as amended, is channelled through State and/or Area Agencies on Aging. Is there a fair allocation of these resources to Indian tribes and organizations in your state? No, it does not seem to us that they are

Should the older American Indian programs be funded directly by the Administration on Aging to the Indian tribes and organizations in your state? Yes, we think so

What are background/status of each identified Older American Indian program in your community? What services are provided? How are they funded? We have funding programs in three of our seven tribal districts. Social/recreational/health activities are planned there; they are funded through tribal resources and through money that the Sr. Citizens make by selling quilts, having raffles, bingoes, and lunch sales.

What is the status of older American Indians in your community?

Their income? Low income
Their environment? Many live in substandard housing units.
Their legal problems? Unknown
Their physical well-being? Many diabetics.

Do you have any recommendations for changes in policy — in regulations — in administrative procedures — in the Older Americans Act of 1965, as amended? We would recommend that funding come directly to tribes and that the age be lowered so that persons 55 years old and older can participate.

Do you think the minimum age at which Indians are eligible for services to the elderly should be lowered? To what age — 55, 50, 45? 55

What is the number of Indian elderly in your community:

45-54 626 and older *55-59* 400 and older *60 & over* 320

What You Can Do to Help Us Serve the Indian Elderly

Identify specific problems and issues by letter, reports and/or resolutions. These statements should provide accurate information on:

1. The problem — What? Where? When? Who? How?
2. Your recommendation for action.

When you contact us, we will do the following:

—You will receive prompt acknowledgement of your input.
—Assistance by telephone may be provided, if possible.
—Problem areas will be brought to the attention of service provider agencies, Congressional delegates, National Indian organizations, and any other groups or individuals able to assist.
—Your input becomes a part of the records and recommendations on which NICOA actions and future planning are based.
—Remember, recommendations or complaints dealing with Indian elderly problems and/or recommendations for changes in policy will be more effective if they are **specific** about issues, objectives, conclusions, and include case histories or examples!

Name of Preparer: /s/ Sara Fossum
Title Adm. Asst., Tribal Health Dept.
Address Box 256 , Sisseton, South Dakota

Name of tribe and/or organization Sisseton-Wahpeton Sioux Tribe

(Use plain paper for additional comments)

Enclosed please find:

1. Testimony on the needs of Elderly
2. Tribal Elderly Program Proposal Narrative

NATIONAL INDIAN CONFERENCE ON AGING
NATIONAL TRIBAL CHAIRMEN'S ASSOCIATION

Name of Tribe/Alaskan Native Community/Indian Organization

Yankton Sioux Tribe

Mailing Address R R 3
Wagner, S. Dak. 57380

Telephone 605-384-3641

Name of person submitting this report Darlene Speidel

Title Director Yankton Sioux Social Services

Date Nov. 1, 1977

Number of persons in service population who are:

Between 50 and 55 ( ) 55-60 ( ) 60 and over ( ) x

Are you now receiving funding for services to the elderly?

( ) Yes (x) No

If yes, from what Agency?

( ) Tribe ( ) ANA (ONAP) ( ) Title XX (PSA) ( ) HUD ( ) CSA

( ) State Agency on Aging ( ) Area Agency on Aging

( ) Other (please describe)

What services are you currently providing for the elderly in your community?

(x) Housing (x) Nutrition (x) Senior Center (x) Transportation (including escort service)

( ) Homemaker, Laundry, Shopping, Housecleaning (cross out what does not apply)

( ) Security – patrol service, telephone reassurance

( ) Other (please describe)

What services for the elderly are most needed in your community? (Please describe)

Nutrition programs, outreach, transportation, part-time employment, reduced utilities, home improvement, homemaker service

(Over)

Have you tried to obtain funding for these services?

(x) Yes ( ) No

If yes, from what agency? State Office On Aging

What was the reason given for not funding your project? Not enough funds

ADDITIONAL COMMENTS:

Yankton Sioux Social Services has for over one year attempted to receive funds for a Title VII nutrition project but to date the State of South Dakota has shown no positive inclinations of doing so. On March 28, 1977 we started our site using some end of the year ONAP monies – the program has been very successful but we are facing bankruptcy if we don't find assistance soon – we would like any suggestions you could probably make for a source of funds.

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NATIONAL TRIBAL CHAIRMEN'S ASSOCIATION
P.O. BOX 2088
ALBUQUERQUE, N.M. 87103

NATIONAL INDIAN CONFERENCE ON AGING
NATIONAL TRIBAL CHAIRMEN'S ASSOCIATION

Name of Tribe/Alaskan Native Community/Indian Organization Rapid City Indian Service Council

Mailing Address 201 Wright St., Rapid City, So. Dak. 50771

Telephone 605 - 342 - 4772

Name of person submitting this report Cecelia Montgomery (Oglala Sioux)

Title Board Member of N.I.C.O.A. - Represent - Aberdeen Area.

Date December 5, 1977

Number of persons in service population who are:

Between 50 and 55 (85) 55-60 (72) 60 and over (110)

Are you now receiving funding for services to the elderly?

(x) Yes ( ) No

If yes, from what Agency?

( ) Tribe (x) ANA (ONAP) (x) Title XX (PSA) (x) HUD ( ) CSA

(x) State Agency on Aging ( ) Area Agency on Aging

( ) Other (please describe) County Commissioners.

What services are you currently providing for the elderly in your community?

(x) Housing (x) Nutrition (x) Senior Center (x) Transportation (including escort service)

(x) Homemaker, ~~laundry~~, Shopping, Housecleaning (cross out what does not apply)

(x) Security – ~~patrol service~~, telephone reassurance - tie line.

(x) Other (please describe) Volunteer Services, people with cars to take Elderly shopping. R.S.V.P. - legal aid.

What services for the elderly are most needed in your community? (Please describe)

Health Services - S.S.I. is such a small amount, still, the only other yearly income, which is the Lease income from their land, is taken from Oct., Nov., Dec., cutting them off completely from S.S.I. and (continued –)

(Over)

Have you tried to obtain funding for these services?

(x) Yes ( ) No

If yes, from what agency? Public Health - I.H. Services

What was the reason given for not funding your project? We do receive I.H.S. in our Area.

ADDITIONAL COMMENTS:

(continued from preceeding page)

are expected to live on their Lease income for these 3 months.Which has already been spent on loans from their Leases. Plus the fact that, so much of this Lease income does not amount to much more than $200.00 to $500.00 a yr.. since its inherited land and has to be divided among all the heirs.

I know of instances where these heirs receive only $2.50 from one lease, maybe another $45.00 from another, or even $150.00 from another lease, adding up to $197.50 for 1 yr.

It's impossible to expect our Indian Elderly to live on this for a 3 month period, by taking away their S.S.I.

This measley lease income for 1 yr. usually provides the necessities, such as clothes for the winter months and gifts at Christmas time for their families and grandchildren, as this is the Indian way. Giving.

So – If the Government can provide homes and living expenses for the Vietnamese people, to live in our country, We American Indians are the First Americans, so why not Visa-Versa, and Give our Lease Money back, and still provide our Elderly with S.S.I.

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P.O. BOX 2088
ALBUQUERQUE, N.M. 87103

ALBUQUERQUE AREA

Wendell Chino, President, Mescalero Apache Tribe of New Mexico and Honorary Chairman, National Indian Council on Aging

U.S. Senate—Special Committee on Aging

Denver Hearing
March 23, 1977

STATEMENT OF SHELBY SMITH, SENIOR CITIZENS SERVICES, SOUTHERN COLORADO UTE RESERVATION

Mr. Smith. Senator Church, I am Shelby Smith, director of food and nutrition at senior citizens services on the Southern Ute Reservation, which is in southwest Colorado.

Accompanying me is Mr. Chris Baker, vice chairman of the tribe. Would you stand, please? (Applause.)

Senator, if it were not for funds from ONAP—Office of Native American Programs—and CSA—Community Services Administration—we would not know where to go to provide services for our elderly.

I want to give you an example. Of the millions of dollars allocated for Title III, if I may, the amount reaching our five-county region around Mesa Verde National Park amounts to about $15,000. We are grateful for ONAP and CSA for what we have been able to do for our people with that source of funding.

I mention this to call to your attention the many rural areas of this country who have that problem and do not know where to go.

I ask also, is there a way to allocate funds to take into account the special problems of the rural elderly and their logistical problems and their businesses as well as just population?

Our population, our elderly, our tribal ethic—we have Hispanos, Anglos, and Indians in about equal numbers. The tribe, through its community action program, serves all three groups.

Our older people want to stay in their own homes. It is fiscally sound to help senior citizens stay in their own homes. Helping people stay in their homes by providing transportation, meal service, et cetera, benefits a wide number of people and costs only a fraction of what it costs to maintain those people through Medicaid and nursing homes.

Senator Church. Thank you.

(A statement submitted by Shelby Smith follows:)

Prepared Statement of the Southern Ute Indian Community Action Programs, Ignacio, Colo., Submitted by Shelby Smith

Geography—The Southern Ute Indian Reservation is a checkerboard strip of land (15 by 75 miles) just east of Mesa Verde National Park in southwest Colorado. The area consists of plateaus, mesas, and valleys cut by fast-flowing mountain rivers, forested hill country, and high mountains.

Income sources—Primarily incomes are derived from farming and ranching, tourism, and the Bureau of Indian Affairs and the Southern Ute Tribe.

Services—The area possesses no transportation, no health center except the BIA clinic which is for tribal members only, no component of the State welfare system, and no center for nursing care.

Ethnic groups—Three ethnic groups coexist in approximately equal numbers: Ute Indians, Hispanos, and Anglos.

Census—1970 census figures for the area reveal approximately 677 individuals over 65 years of age. Sixty percent of this age group are dependent upon social security income as a prime source of financial support. Eighteen percent of this population age group are well below the U.S. Department of Commerce poverty level index.

Our rural elderly—Our rural elderly are people who have worked hard all their lives rearing their families on the land. Though winters are severe, our elders, even in the remote areas, have strong ties to their homesteads. Most need only a little help to remain self-sufficient in their own homes.

Services offered—Using ONAP and CSA funds the Southern Ute tribe has provided these services to all ethnic groups living in the reservation area:

(a) Outreach visitation and advocacy help,
(b) Transportation,
(c) Food Stamp assistance,
(d) Delivered and congregate meals,
(e) Nutrition education, and
(f) Travel, recreation, and educational activities.

Using a HUD grant we have built a 16-unit apartment complex for our elders and have provided home repairs for 30 homes.

We are deeply grateful for the help you have rendered. Without the services made possible by funds from agencies such as ONAP and CSA, many of our elders would face the early prospect of either a difficult existence at home or of institutional care, which is not only expensive, but also often traumatic and depressing.

Our elders only ask a little help to stay in their homes—to keep their place and to retain their dignity.

Thank you.

Testimony Presented on Special Problems of Elderly in Rural Areas
to the United States Senate Special Committee on Aging
New Mexico Hearings Held in Albuquerque, New Mexico
November 21, 1977

by

Six Sandoval Indian Pueblos, Inc., Represented by Erma Lopez
on the Panel Concerning the Special Problem of Rural Indian Elderly

INTRODUCTION

My name is Erma Lopez. I am from Santa Ana Pueblo, and am employed by the Six Sandoval Indian Pueblos, Inc. as Manager of Food Programs. My duties include food management of meals programs for the elderly. I have been involved with the Elderly Programs at Six Sandoval for the past two and one-half (2½) years as Food Manager and prior to that as Community Developer in Santa Ana, which included work on gathering population data and information on the needs of the elderly.

Six Sandoval Indian Pueblos, Inc. is a non-profit corporation, an inter-tribal organization comprised of the six tribes of Cochiti, Jemez, Sandia, San Felipe, Santa Ana, and Zia, who have worked together as a coalition of tribes on various social service and economic development programs since 1965. Six Sandoval Indian Pueblos is presently the sponsoring and administrative agency for those elderly programs serving the six pueblos.

The needs of our elderly persons are similar to those of other Indian rural elderly, and have been documented and presented by others on other occasions. In order of priority, our general needs for the elderly are:

1. Food and Nutrition Programs
2. Transportation
3. Home Health Care, and/or Nursing Homes Located in the Rural Communities
4. Consumer Education and Legal Services
5. Income Supplement and Health Maintenance Programs
6. Improved Housing
7. Recreation
8. Employment

At our latest count, these six pueblos have a total elderly population (over 60 years of age) of *710*. Serving these people at varying degrees of adequacy, we have the following programs:

1. Community Services Administration—Food and program grant for *supplemental* services to the elderly meals programs. These funds are supplemental only, may not be used as basic support for a meals program and do not have any renewal commitment of funds. This program helps feed 600 persons one day per week at six sites.
2. Title VII under Older Americans Act—A feeding program for a total of 35 persons daily at two sites and a total of 125 additional persons once a week at the other four sites. This allows an average of 60 persons to be fed per day over the six sites, approximately 10% of the eligible persons.
3. Title III (Older Americans Act)—Provides an extremely limited amount of supplemental monies for utilities and travel.
4. A Home Weatherization Project—Limited to a maximum of 120 homes and $250.00 worth of repairs per home.
5. An Urban Mass Transportation (UMTA) Grant—Which recently purchased three (3) vehicles to be used for transporting elderly and handicapped persons spread out over six pueblos as far as 60 miles away from each other and 50 miles from the nearest urban area.
6. Supplemental staff support services from other federal programs not primarily concerned with the elderly such as the Administration on Native Americans and the Indian Health Service Community Health Representative Program.
7. A Senior Opportunity Services (SOS)—Social Security and SSI outreach alert program which was suspended this year due to lack of funds.
8. Legal services out of Albuquerque recently made available, via a mobile unit, sponsored by the Middle Rio Grande Council of Governments, serving a multi-county area.
9. Part-time employment, through the American Association of Retired Persons.

As I stated before, these programs are not adequate and are very inadequate in many respects, which I shall explain:

1. There are no facilities to house these programs and no funding to provide community facilities for the elderly.
2. No staff—None of the program grants and contracts I have named have provisions for full-time staff positions of any type.
3. No one program, from whatever the federal or state agency providing it, can stand on its own as a complete project without borrowing from or tapping resources from other projects, resulting in a delicately balanced pyramid of blocks of

partial programs for the elderly, the loss of any one of the blocks having the possible result of collapsing other services.

For example, our elderly meals program depends on the following blocks and pieces of resources:

—raw food for meals from Title VII for approximately one-half of food costs needed; supplemental food costs required from the CSA programs.

—loss of either program would cause a serious dilemma in how to feed eligible people who come to the meal site.

—utilities costs partially paid by Title III.

—buildings, kitchens and serving areas from Head Start program, tribal facilities and ANA programs.

—professional nutritionists and dieticians from ANA programs and Indian Health Service.

—transportation services from volunteers, Community Health Representatives, CSA grant funds, UMTA vehicles, Head Start buses, etc.

—social services and outreach from a variety of other sources.

(To continue explaining some of the inadequacies of programs for the Six Sandoval area elderly:)

4. Programs and services come from a number of agencies, federal departments, local governmental units and private organizations with no provision for coordination and outreach to the rural elderly. Many of these providing agencies are not run or housed at the local, rural community level.
5. No single program is adequately funded, forcing the communities to severely limit the number of participants. For example, the weatherization program limits the number of homes to be fixed and the amount per home and does not pay for labor costs. Title VII limits the number of meals per day to be served, regardless of how many arrived at the meal site.
6. None of the programs provide budgets for administrative support or bookkeeping, yet each has strict accounting and reporting requirements to be met.
7. None of the programs described provides for comprehensive planning or advocacy for the elderly.

In regard to comprehensive planning, if Indian Tribes are to run programs for the elderly, they ought to receive planning grants, so that planning goes along with operations, instead, funds are going to universities, All Indian Pueblo Council, and other gerontology groups who are not involved with running the programs. What is not needed is any more studies of what the elderly need. At various meetings, national conferences, hearings and through surveys, data have been collected and documented on what the elderly need. Also, planning should be done using actual figures and not old census reports.

Recently, Title III fund allocations have been distributed based on 1970 U.S. Bureau of Census Data acquired from UNM Bureau of Business Research, even though our local count of elderly persons was nearly 50% higher than the old census. One of the most outstanding difficulties in acquiring and running these elderly programs is in regards to Titles III and VII of the Older Americans Act; specifically, we must go through four layers of Government. AOA Federal Offices in Washington and Dallas, State Commission on Aging, the Middle Rio Grande Council of Governments which is the area agency on aging, and the County before the funds reach the tribes. Each layer retains a percentage of funds of administration, and each layer displays different degrees of understanding and awareness of problems peculiar to Indian Reservations. In case of Title VII, there is no money left for administration, only for raw food and part-time cooks. The various Title VII agencies and sub-agencies with which we deal just assume that we have the following:

1. Funds for accounting and contract administration.
2. Transportation for the elderly and field monitoring.
3. Logistical services for acquiring, storing and distributing foods.
4. They assume we have supplemental food monies to feed people in addition to the 35 person per day limit. For instance, Cochiti and Santa Ana feed five (5) days a week and are limited by contract to feed 20/day in Cochiti, and 15/day in Santa Ana even though our average attendance is 40/day in Cochiti and 25/day in Santa Ana.
5. They are also assuming we have fully equipped kitchens, which we just happen to have due to existing Head Start programs, but which are not really adequate for elderly meals and which are not supposed to be serving elderly programs.
6. They assume we have a purchasing system with a Food Purchasing Agent.
7. Finally, they assume we have nutrition and dietician staff to provide menu planning and nutrition education which are required to meet Title VII specifications.

We are required, by threat (of) not having the contract, to feed five (5) days a week even though it was not in the Federal Regulations for rural areas, and even though there are not sufficient funds to feed five days per week.

When we reported this problem to our sponsoring organizations, we were told to lay off cooks and find CETA Manpower trainees in order to continue the program. CETA is not a realistic solution. It was also suggested we discontinue our one day a week meals in other four pueblos so that the five-day a week meals could be continued; even with limited money from the Title VII, we still have to use our Head Start cooks to complete the job of feeding the elderly people because the Title VII cooks can only work six hours per day and have even been told to cut back their hours further.

This dilemma of too few funds versus too many eligible participants has even resulted in our being accused of mismanagement. We reported the dilemma to our sponsoring agency the first month of our contract and we were advised to continue providing more meals than were on the budget, which we did, rather than turn people away at the meal site. The sponsor then alleged mismanagement when they began receiving the billings for meals in excess of contract amount. The fault in this case is in the limitations of the contract itself. It should never have required meals five days per week. The Title VII program, as it has been administered and contracted, is degrading and lacking in respect toward the participants in our opinion. Two examples of this are:

1. The requirement of proving income when it is statistics that a high percentage of persons over age 60 are already below poverty income levels. This is especially true on Indian Reservations. We estimated that nearly 100% of the six pueblos population over 60 has income below poverty standards.
2. The requirement to solicit cash donations on the meal site from the low income elderly participants is contrary to cultural attitudes and contrary to the intent of the program which is to provide nutritional services to elderly persons who are assumed by the legislation to be in need of these meals.

   Regarding Title III contracts, the problems and limitations are similar. Title III assumes that you have meals, social services and other programs for the elderly and provides you administrative support funds.

We had hoped at Six Sandoval Indian Pueblos to have used Title III funds to employ a Director for Elderly Programs since we have none. When our proposal reached one of the layers of Government, it was proposed that we could employ an Elderly Program Director through CETA Department of Labor which is not a program equipped to hire permanent administrative staff for programs but is rather a temporary training opportunity program for unemployed people. When the Title III (funds) were finally distributed at the tribal government level, we received a total of $9,820.00 as the elderly administrative support monies, making it impossible to hire a qualified elderly director. We divided $9,820.00 up into the six pueblos to help defray the cost of transportation and utilities.

There are other gaps in programs intended for the elderly. For example:

1. For transportation, one may acquire Government funds for vehicles without a source of funds for their maintenance and operating costs or vice versa. There is no one comprehensive source of transportation programs available to tribes.
2. In social services, areas such as legal aid, Social Security assistance, SSI, Medicare, etc., there are no local people available to interpret, explain or assist elderly persons to acquire these services. We must rely on mobile vans provided out of the metropolitan area or other agencies such as the Council of Governments, Home Education Livelihood Program (HELP), County Legal Aid, to furnish helping agents in these areas. Two years ago, HELP provided to our six pueblos two full-time staff persons to work on problems on SSI through the Senior Opportunity Services Program. In 1976, the staffing was reduced to one person to serve all six communities and later, further reduced to a three-fourth (¾) position. When that individual resigned, HELP did not replace him and hundreds of elderly case files were left unattended at the local level. We presently have no SOS staff person, even though the program was an outstanding success in acquiring benefits for the elderly.

The mechanism of programs intended to reach Indian population in a given county by funding the county and expecting the services to reach the Reservations does not always work even though Indian population statistics are used by the County and the Area Agencies in determining funding levels. For example, the Sandoval County Economic Opportunity Council received Crisis Intervention (emergency utility payment) funds from the Community Services Administration to serve all of the County, including the Indian population, yet that County Agency assumed that the pueblos had our own crisis intervention funds, which we did not have. Consequently, Indian elderly received no help from either agency.

Our recommendations are as follows:

1. Direct funding from Federal Government to tribes and Indian organizations.
2. More flexible funding mechanisms that meet the needs of individual communities, especially rural areas.
3. Adequate funding to fully pay for given programs. For example, a feeding program should include a budget for space, kitchen, equipment, staff, transportation, logistics, nutritionist, bookkeeping, purchasing and contract administration, and enough money to feed all the eligible participants in a given site.
4. Funds for coordination of various elderly services and comprehensive planning should be made available to hire full-time staff and made available directly to the tribes or organizations who are operating the programs. One of the goals for comprehensive planning programs at the tribal level should be to acquire accurate census population data.

   More planning and research monies should be available to Indian Tribes to do their own studies and less monies to universities. Tribes can hire their own expertise, as needed.
5. Funds should be made available for advocacy purposes. Elderly people should not be expected to advocate for their needs on a purely voluntary basis, neither should they have other people speak for them.
6. Social services programs such as Legal Aid, SOS, Retired Persons Programs, and others

should be allowed to (be) run by the tribes on the local level, and not as outreach from other metropolitan areas, or county agencies.

Specifically, we need a minimum of three SOS workers at Six Sandoval Indian Pueblos, Inc. to respond to the needs of the elderly.

7. Meals programs should serve all eligible persons at one site or none at all. They should be guaranteed for at least three years, or not started at all. There should be no pay or donation requirement nor means test to prove eligibility. If high nutrition standards are required, provision should be made to pay for the cost of meeting these standards. No agency should force a community to feed a set number of days per week. The Federal Regulations regarding rural areas should be applied in New Mexico. There should be no limit on the percentage of home delivered meals in any given community provided no additional cost is necessary.
8. More money is needed for a number of new programs and services that are currently not available including home health care, housing improvements, employment programs, locally situated nursing facilities at each pueblo and also community centers for the elderly.

None of these recommendations are that new. As far back as 1971, at a White House Conference on the Aging, recommendations were made for such things as direct funding, old age homes, and transportation. In June 1976, at a National Aging Conference in Phoenix, Arizona, attended by a significant number of tribes and tribal leaders from all over New Mexico, the recommendations were made *clearly* calling for direct funding to Indian organizations and stating all of the same needs in priorities that are being stated at this hearing.

We thank you for the opportunity to present this testimony on behalf of the Six Sandoval Indian Pueblos Governing Board, and the Governors and tribal representatives of the six tribes.

EXACT COPY

EIGHT NORTHERN INDIAN PUEBLOS COUNCIL

P.O. Box 969
San Juan Pueblo, New Mexico 87566
(505) 852-4265

October 11, 1977

Dear Colleague:

My recent trip to Dallas concerning Social Security was quite successful. I attended the workshop on Supplemental Security Income. I did not, as planned, get to attend the other three workshops, which were listed. These workshops were held at the same time so I chose to go to the most important. I was more prepared on the workshop I attended. At this workshop, all of the people there were given an opportunity to say what was on there minds about Social Security. When I was recognized, I took quite a bit of time in expressing myself about problems and complaints that our Indian people have and the difficulties they actually go through.

1. Social Security should eliminate over payments to elderly.
2. The privacy act brings about problems to the elderly when the CHR or Social Worker, or any other person trying to help the elderly, is not allowed necessary information. Most of the time, nothing can be done immediately because of this Privacy Act, with-holding information about the elderly from the worker.
3. Letters sent out to the elderly should be simple and not so complicated. The language used in the letter should be appropriate to the people who are going to receive the letter.
4. Social Security people who are in offices should make a point to go out into the reservations and pueblos, and experience what is actually happening with the people they are serving and find out from their own intelligent heads what is really going on. By this I mean people from Dallas and Washington, who are involved. All of the conference participants really agreed with this statement.
5. Social Security should train more Indian people on Social Security or other related programs so they can pass on their knowledge to the elderly in their own communities. This makes more sense than waiting for an SSA representative who is not present when needed to help.
6. Indian reservations need centralized offices, offices closer to the people, because there is a lack of transportation at all times with people living far from SSA offices.
7. Regional office should make a point to sent information regarding Social Security matters, to Indian reservations and other concerned organizations. I feel there is a lack of communication in between regional offices and us out here.
8. SSA payments should be raised. People cannot live on the money they are getting with high cost of living today.
9. Suspension should be looked at more carefully. Officials should consider the fact many SSA clients are not able to read and may forget about letters sent to them, causing serious problems.
10. The attitude of SSA representatives should be improved. They should be trained to work with the elderly, who require a lot of time and patience.

These are the statements that I presented. I made it a point to write down and give all my statements to the person recording all information at the meeting. I only hope that something is done about these problems.

I would like to mention that there were some other Indian people present at this conference. Two of these people received the letters we sent out. I was pleased, although I wish more Indian people could have attended.

These concerns will be sent to Washington, and I hope something will be done. I am also in contact with Mr. W.J. Strickland from the SSA Central Office. He is concerned about our problems and has been helping us to try to make the necessary changes.

Continued

Continued

I hope that I have successfully done my part as a representative for our Indian people. I am very eager to help my people and all others in any way I can.

Thank you for your presence at our meeting at San Juan regarding this conference and for your responses to our questionnaire.

Let's keep in touch. That's the only way we can help one another. If there are any questions, please feel free to contact me at ENIPC.

Sincerely,

/s/ Eileen Lujan,
Social Service Outreach Worker

Santa Clara Proposal for Services to the Elderly

Older citizens everywhere are often hard pressed to take care of themselves and their homes as they did when they were younger. They are often no longer able to do necessary chores and repairs themselves, and most of the time, cannot afford to hire day labor. In Santa Clara, we are proposing to establish a paid core of young people to provide chore services at home for senior citizens. We feel there is a need for such a service, and that it would be well received, as evidenced by the response from the elderly people to the few Neighborhood Youth Core people who have done such tasks. We also feel that assisting the elderly is only one of the ways in which this project might help the communities.

Traditionally, old people have commanded a position of respect in the pueblo communities. Their children cared for them when it became necessary, and they, in turn, were looked to for advice and counsel. While these conditions still hold true in many instances, there have been some changes in pueblo life that have not always benefitted the elderly. Their children may have left the community to work elsewhere, and are thus unable to provide daily care for their aging parents. The elderly are often ill, or may have a drinking problem, or may have children who have such a problem, again removing a traditional support system. Their income is often low, a situation made more serious by the fact that many are ineligible for social security and other benefits honorably derived and must accept welfare. Financial problems may mean that the old suffer from poor nutrition, although hot lunch and food stamp outreach programs are helping. Transportation is a tremendous problem, as people become too old to operate a car safely, or too poor to maintain one, thus adding to their isolation.

Like all senior citizens, the old people at Santa Clara may feel unwanted and useless. They may even feel that they are a burden on the community they once served. These feelings for this particular generation of the elderly are much exacerbated by the overwhelming changes that have taken place in their lifetimes, both in their own culture and the ones surrounding them. Their very own grandchildren may not speak the Native American language in which the old are most at ease. They may hold vastly different values, with each side failing to understand the other. Their children and grandchildren may even see their inability or unwillingness to adapt to contemporary society as a reason for ridicule and shame.

The elderly in any setting have traditionally been charged with the responsibility of passing on a people's cultural heritage. All of the preceding problems conspire to make this task even more difficult for the people in the pueblos today, thus adding to the emotional burden on the senior citizens and damaging the tribe as a whole.

We hope and expect that our simple proposal to pay young people to do chores for the older ones can have a greater impact on the community than just the improvement of some homes and the chopping of wood. Certainly, these are the most direct results and very worthwhile ones, but there will be more. The young workers will have the opportunity to earn some money and to feel as though they are providing a service to the entire community. The old so served will see that they have not been forgotten, and so may regain some of the position and respect they once commanded. Both sides will have something to offer and will derive some rewards. Most important of all, the old and young will be placed in meaningful contact, where the chance exists for the development of those relationships between generations that can provide the pathway for the transmission of a culture.

There are about 60 elderly people in Santa Clara who might benefit from the proposed program. The number of young people willing to work has not been determined. Existing related services are being explored for assistance. Title XX could provide chore services, but the pueblos have been denied access to these funds by the State. The Neighborhood Youth Core could also provide the needed services, although it has not done so often enough in the past. It is possible that an expansion of NYC with a special charter to serve the elderly is all that will be needed.

The evaluation of such a program will not be altogether easy. It is simple enough to measure hours worked, money paid and chores completed. It is less easy to quantify the attitude changes we hope to see in the young. It may be impossible to measure the impact on pueblo culture for years, if at all. At any rate, to raise the standard of living and comfort of elderly people is a commendable goal, and one achievable through such a plan. To preserve a culture is a more difficult task and one that may be accomplished in part by getting the old and young together again. If this plan may in some way help, then we feel we are obligated to try.

/s/ J. F. Abeyta, Sr.
Santa Clara Pueblo
Social Service Associate

A Position Paper Presented at a Hearing Before the United States Senate Special Committee on Aging "New Mexico's Senior Citizens"

BY
THE ALBUQUERQUE URBAN INDIAN CENTER, INC.
510 SECOND STREET N.W., ROOM 240
ALBUQUERQUE, NEW MEXICO 87102
ON NOVEMBER 21, 1977
ALBUQUERQUE CONVENTION CENTER

As a representative of Albuquerque's urban Indian population and a staff member of the Albuquerque Urban Indian Center, I am most appreciative of and thankful for the opportunity of presenting this testimony before the Special Committee on Aging. We at the Indian Center are keenly aware of the magnitude of the Committee's task, and as the Committee forges ahead, we wish its members Godspeed.

Population trends during the past decade have shown substantial movement by American Indians from reservation and rural areas to metropolitan and urban areas. The City of Albuquerque has experienced rapid growth in its Indian population. The estimated urban Indian population in the greater Albuquerque area is approximately 17,500. Of this total, an estimated 1,200 are elderly persons aged sixty (60) years and older.

It is this segment of the population that is of concern to us today. American Indian elders residing in an urban area are confronted, on a daily basis, by a myriad of problems. Without adequate resources to solve or alleviate their problems, these elders are often trapped in a vicious circle of poverty and insensitivity of service providers.

The pursuit of the great American dream—a better life for one's family—is the overwhelming reason cited by Indians for migrating to an urban area. More often than not, the dream quickly vanishes and is replaced by the harsh reality of coping with a new and indifferent environment. Services once provided on the reservation, as part of the federal government's trust responsibility, are for the most part not available in urban areas. Consequently, urban Indians, and elders in particular, do without basic services. Without financial resources to fall back on, that segment of the population is effectively excluded from participation.

Employment and income statistics for Albuquerque's Indian population provide irrefutable data in support of this theory. A recent needs assessment, conducted by the Albuquerque Urban Indian Center, determined that 32.5% of the respondents surveyed had incomes below the poverty level, and 38.6% of the respondents were unemployed. These two factors alone severely restrict Indians from full participation in those areas most of us take for granted. Elder American Indians faced with the humiliation of poverty, the lack of proper housing, nutrition and medical care are, for all practical purposes, non-participants.

The Albuquerque Urban Indian Center strongly believes that these conditions need not exist. For this reason, we urge the members of this committee to support the "Older American Indian Relief Act of 1978", an amendment to the Older Americans Act of 1965, providing for direct funding to American Indians. We further urge the committee to support the inclusion of non-profit urban Indian organizations whose program objectives include the provisions of service to elderly American Indians. This legislation proposed by the National Indian Council on Aging would provide the mechanism through which elderly Indians will have the opportunity to participate, on a greater scale, in programs created by the Older Americans Act. Passage of this proposed legislation by Congress would make possible greater program impact on Albuquerque's elderly Indian population.

Traditionally, governmental service providers, be they federal, state, county, or city, have been guided by the misconception that the Bureau of Indian Affairs provided for all Indians' needs at all times in all situations. We know, of course, this is not the case; never has been or ever will. The fact remains, however, that bureaucratic insensitivity has severely restricted programmatic impact on a deserving and eligible segment of the populace.

A case in point is the number of urban Indian elderly served by Metropolitan Nutrition Project (MNP). The MNP, funded by the New Mexico State Commission on Aging, is charged with the responsibility of administering Title III and VII programs funded by the Older Americans Act. A recent survey conducted by our agency discovered that, of 442 participants served at ten urban meal sites, *only five* Indian elders were being served on a regular basis, and eight were served on an irregular basis. These totals constitute 1.1% and 1.8% respectively of the total client population. In contrast, the percentage of Indian elderly participants in relation to the total estimated urban Indian elder population is

.6%, a disgraceful total considering Albuquerque's proximity to and historical contact with an estimated 72,000 Indians residing in the State of New Mexico.

The Albuquerque Urban Indian Center (AUIC) has directed its efforts toward alleviating this situation. A sub-contract has been entered into with the MNP for the purpose of creating an urban Indian elders' meal site. Program goals and objectives include increasing the number of Indian participants, providing these participants with supportive social services, and providing an atmosphere in which these elders can have fellowship and cultural activities.

This positive step, initiated by the AUIC, took approximately one year to accomplish; a year spent in sensitizing the MNP, the State of New Mexico Commission on Aging, the Mayor's (City of Albuquerque) Office on Senior Citizens, and other agencies to the unmet needs of Albuquerque's elderly Indian population; a year spent in bureaucratic hassles with these agencies. (Six presentations have been made before the State of New Mexico Commission on Aging in the past twelve months with no identifiable or quantitative commitment made by that agency in response to the needs of the elderly urban Indian. Two presentations dealt with funding requests, none of which were granted.) A full year wasted, in which the level or urban Indian participation in programs funded by the Older Americans Act remained pitifully low.

Passage of the proposed legislation mentioned above will accomplish the following:

1. Enable Indian Tribes, Indian Tribal Organizations, and non-profit urban Indian organizations to receive direct funding to develop, administer and operate programs specifically geared to and for the Indian elderly.
2. Correct the disparity between the number of non-Indians and Indians currently served by programs under the Older Americans Act.
3. To enhance and augment the concept of Indian Self-Determination.
4. Provide the mechanism through which programs based on cultural, spiritual, nutritional, and emotional needs of Indian elders can begin satisfying the heretofore unmet needs of this segment of the population.

It is common knowledge that measurements of social and economic factors most often place the American Indian in the lower categories. Living conditions of Indians are poor but those endured by Indian elders are worse, but this can change. The Senate Special Committee on Aging can act as the catalyst needed to usher in a new era for the Indian elderly.

The proposed amendment to the Older Americans Act of 1965, as prepared by the National Indian Council on Aging, provides the opportunity for Congress and the federal government to affirm, once again, its commitment to the Older American and, specifically, to the Indian elder. We realize that one act of Congress cannot address all the ills confronting the older Indian. Rather, this amendment and congressional support for the principals it embodies can provide for and will insure a better way for the American Indian elderly.

I wish to thank the Committee once again for its invitation to present testimony on behalf of Albuquerque's urban Indian population. It is our sincere hope that this Committee and Congress, as a whole, will be receptive to the wishes of the American Indian and provide for direct funding of programs.

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NATIONAL INDIAN CONFERENCE ON AGING
NATIONAL TRIBAL CHAIRMEN'S ASSOCIATION

Name of Tribe/Alaskan Native Community/Indian Organization
Jicarilla Apache Tribe

Mailing Address P.O. Box 507
Dulce, New Mexico 87528
Attention: Leonard Atole, Tribal President

Telephone (505) 759-3242

Name of person submitting this report Lee Martinez, Jr.

Title Executive Director - ANA

Date 10-27-77

Number of persons in service population who are:

Between 50 and 55 (40) 55-60 (36) 60 and over (94)

Are you now receiving funding for services to the elderly?

(x) Yes ( ) No

If yes, from what Agency?

(x) Tribe (x) ANA (ONAP) ( ) Title XX (PSA) ( ) HUD (x) CSA

(x) State Agency on Aging (x) Area Agency on Aging

( ) Other (please describe) The State Agency on Aging via the Taos-Rio Arriba CAP provides approximately $4,500 in Title VII - Older Americans Acts funds; BIA-HIP

What services are you currently providing for the elderly in your community?

(x) Housing (x) Nutrition (x) Senior Center (x) Transportation (including escort service)

( ) Homemaker, Laundry, Shopping, Housecleaning (cross out what does not apply)

( ) Security -- patrol service, telephone reassurance

( ) Other (please describe)

What services for the elderly are most needed in your community? (Please describe)

First Priority - Housing; 2nd Priority - Legal Services & Advocacy; 3rd Priority - Transportation; 4th Priority - Nursing Home Services; 5th Priority - Homemakers Services

(Over)

Have you tried to obtain funding for these services?

(x) Yes ( ) No

If yes, from what agency? New Mexico Health & Social Services Dept.

What was the reason given for not funding your project?

Insufficient Funds; could only fund "on-going" programs.

ADDITIONAL COMMENTS:

Presently the Jicarilla Apache Tribe is receiving Title VII Older American Act Funds via Taos-Rio Arriba CAP; however, only approximately $4,600 of Title VII funds will be received during FY- 1978.

In August of 1977 the Jicarilla Apache Tribe submitted a Title XX - SSA contract application in the amount of $191,000 to HSSD for funding during FY-1978. Said application was declined because of "insufficient funds" whereby only on-going programs were funded.

Would like to see direct funding by CSA & Title XX SSA to Indian grantees; do not like to deal with intermediary state agencies, etc.

PLEASE RETURN PRIOR TO NOVEMBER 18, 1977, TO:

NATIONAL INDIAN CONFERENCE ON AGING
NATIONAL TRIBAL CHAIRMEN'S ASSOCIATION
P.O. BOX 2088
ALBUQUERQUE, N.M. 87103

NATIONAL INDIAN CONFERENCE ON AGING
NATIONAL TRIBAL CHAIRMEN'S ASSOCIATION

Name of Tribe/Alaskan Native Community/Indian Organization Santa Clara Pueblo

Mailing Address Espanola, N. Mex. Box 580

Telephone 753 7326 - 27

Name of person submitting this report Joseph F. Abeyta

Title Social Service Associate

Date 10-26-77

Number of persons in service population who are:

Between 50 and 55 (26) 55-60 (26) 60 and over (30)

Are you now receiving funding for services to the elderly?

(x) Yes ( ) No

If yes, from what Agency?

( ) Tribe ( ) ANA (ONAP) ( ) Title XX (PSA) ( ) HUD ( ) CSA

(x) State Agency on Aging ( ) Area Agency on Aging

( ) Other (please describe)

What services are you currently providing for the elderly in your community?

( ) Housing (x) Nutrition (x) Senior Center (x) Transportation (including escort service)

( ) ~~Homemaker~~, ~~Laundry~~, Shopping, ~~Housecleaning~~ (cross out what does not apply)

(x) Security – patrol service, telephone reassurance

(x) Other (please describe)

What services for the elderly are most needed in your community? (Please describe)

Transportation, Arts & Crafts, Home Care

(Over)

Have you tried to obtain funding for these services?

(x) Yes ( ) No

(Manpower)

If yes, from what agency? Highway – Transportation and Title XX, Title VI

What was the reason given for not funding your project? No funds for Title VI under Title XX: We were asking for Day Care Service. State can not license that program; and for transportation we just do not qualify.

ADDITIONAL COMMENTS:

PLEASE RETURN PRIOR TO NOVEMBER 18, 1977, TO:

NATIONAL INDIAN CONFERENCE ON AGING
NATIONAL TRIBAL CHAIRMEN'S ASSOCIATION
P.O. BOX 2088
ALBUQUERQUE, N.M. 87103

Northern Pueblos Agency
Populations As Of April 1, 1977

	0-4		5-14		15		16-19		20.34		35-54		55-64		65 & over		Total		Total Popul'n	Married Heads*	Single Heads†
Tribal Groups	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F			
Nambe	7	3	31	39	4	3	23	28	51	58	50	53	10	16	13	14	189	213	402	87	74
Picuris	0	0	16	23	2	2	4	3	31	30	27	29	7	4	10	8	97	99	196	46	54
Pojoaque	4	4	11	16	3	1	3	14	19	14	14	15	1	1	5	3	60	68	128	27	20
San Ildefonso	17	14	53	41	4	2	16	22	65	91	44	49	10	11	13	18	222	248	470	108	59
San Juan	34	22	151	146	17	20	71	74	253	266	195	242	43	57	65	65	829	892	1721	375	352
Santa Clara	17	16	100	108	10	14	58	51	166	188	145	169	43	46	46	45	585	637	1222	194	232
Taos	20	31	156	163	19	18	85	83	248	236	194	207	61	69	85	81	868	888	1756	369	338
Tesuque	3	4	28	32	3	5	12	10	30	33	37	40	11	17	15	12	139	153	292	64	67
TOTALS	102	94	546	568	62	65	272	285	863	916	706	804	186	221	252	246	2989	3198	6187	1270	1198

*Married Heads—All Married Household Heads (Father and/or mother with minor children)
†Single Heads—One person head (Divorced, separated, widows or widowers and single persons)

"I hereby certify that this is a true and correct copy of the Census Population for Northern Pueblos Agency dated April 1, 1977.

/s/ Robert Friedman
Superintendent

Subscribed and sworn before me this *7* day of *June*, 1977.

SEAL

MY COMMISSION EXPIRES *1/4/78*.

/s/ George C. Roybal
Notary Public

Joseph F. Abeyta, Sr. (Santa Clara Pueblo, New Mexico), Member, Board of Directors, National Indian Council on Aging

ANADARKO AREA

Cecelia Blanchard, Kickapoo Tribe of Oklahoma, Member, National Indian Council on Aging

Summary Report of the Anadarko Area Conference on Aging (Oklahoma)

There were reasons, purposes and goals for having the first Anadarko Area Conference on Aging. This was the first such venture in Oklahoma. There were high hopes that the selected persons would and could attend and benefit from the proceedings. There were designated elderly, CHR's and tribal leaders invited and hopefully these persons would be the ones who would go home, carrying with them the messages to be related to their groups and tribes. There were two elderly, one tribal representative and one CHR* representative invited, plus those persons who would have leadership responsibility, recorders, speakers, group leaders, invited guests, to the total of approximately 150. As we all know there never are as many attend as expected or invited, but surprisingly, there were 91 persons in total who attended, plus some drop-ins who did not register.

All this was rewarding to the Task Force who planned the Conference. Recommendations were presented which will, when carried out, mean a great deal to the tribes in the Anadarko Area. For this we are very grateful. (Recommendations are included at the end of this report.)

We know the mechanics of any meeting are necessary because this is a business which must be carried out for accomplishment. The mechanics went well, smooth and all cooperated. This was vital and necessary. For this we are grateful. However, there is another aspect to the whole situation. That is the personal, pertinent, innermost feelings expressed through the expressions, attitudes, comments, etc. of the elderly who were present. The most satisfying aspect was to watch and see the surprise and ecstasy of the elderly when they received their packets and opened them and saw all the little items which were "theirs" and "theirs alone", as each received a pencil, writing paper, city map, brochures of several kinds, the program of the two day event. It seemed they devoured every printed word. Then, as they mingled and expressed their delight to each other "Did you see. . .?", they had something special which they could take home and show and tell.

Then, too, the satisfaction of receiving the "cash" so they could pay for their own room and meals, being able to order what they wanted and having their own money to do so. To see them fingering and counting what they had ever so often was a delight to watch. Being able to say "I have a room . . . . and it is so nice," meant so much to them.

We feel the greatest accomplishment of the whole Conference was the fact that the elderly who attended felt they were remembered, were given special attention, were cared for and about, were given recognition by the things they received and the opportunity to express themselves at the meeting.

Full cooperation was given by the Anadarko Area Office, United Tribes of Western Oklahoma and Kansas, and the Oklahoma Indian Affairs Commission. We appreciate their cooperation and help.

A Region VI representative was present along with the State Director, Council on Aging as well as representatives from the Food Stamp Program, Social Security Office, presenting the supplemental Security Income Process. There was also a presentation given from one of the tribal leaders where a Nutrition Program is initiated. We also heard of programs called "Meals on Wheels" and the "Green Thumb" program.

Highlights of the meeting were: 1. Presentation by Mr. Wendell Chino, Chairman of the National Tribal Chairmen's Association; 2. Visit by Joe Graber from the Department of HEW, and finally a good old "Handgame" played and enjoyed by all, followed by refreshments.

This Conference was held April 25-26, 1977, Oklahoma City, at the Southgate Motel where most of the Conference participants stayed Monday night. The elderly had ground-floor rooms so they had no steps to be afraid of. They were appreciative of this.

Many persons and organizations and agencies were responsible for this Conference. Rev. Robert Pinezaddleby, Vice President of the National Council on Aging, suggested this possibility and through the efforts of a Task Force composed of himself as Coordinator, Mrs. Cecilia Blanchard, Mrs. Catherine Lamar, Mr. Kenneth Black, Ms. Alene Miller, Mr. Jim Redcorn, Mrs. Helen Overland, Mr. John J. Bjork, and Mr. Bob Gann, plans were drawn up at a Planning Task Force meeting with Mrs. Juana Lyon, Executive Director of the National Indian Council on Aging, Albuquerque, New Mexico. Without the support of Mrs. Lyon's office, there could not have been such a large gathering because of the financial needs. We of the Anadarko Area are very grateful for her support.

Mrs. Wilma Goombi, a secretary from the Anadarko Area Office, was the very capable recorder throughout the two-day proceedings. Registration table was manned by Mrs. Liz Ahkeahbo, Mrs. Alene Miller and Mr. Jonathan Hoag. Mrs. Henryetta Pratt from the United Tribes of Western Oklahoma and Kansas office was the "money" lady who dispensed the allotted monies to the invited persons.

Many persons were responsible for accomplishing all the many details which arise at meetings. In general, all the mechanics went well. Thanks!

The Anadarko Area Task Force wishes to express its appreciation and thanks to the Southgate Motel, especially Roberta Peck, who was so gracious and accommodating to all.

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*CHR - Community Health Representative

The highlight, we feel, for the whole two-day Conference, was when the recommendation was made and passed that another such Conference be held. The elderly certainly want another. This, in itself, says what we hoped would be the feeling and outcome.

MINUTES OF THE ANADARKO AREA INDIAN CONFERENCE ON AGING

MONDAY, APRIL 25, 1977

Rev. Pinezaddleby: This is the first session of the first meeting of the Anadarko Area Conference on Aging with 23 Tribes having been contacted to participate.

INVOCATION: Mrs. Blossum Haozous, Ft. Sill Apache Tribe.

Rev. Pinezaddleby: I bid welcome to all of you and it is gratifying to have the response as some of you have traveled a long way. We want to look at this as not just a Conference, but as a Fellowship. I would like to make some introductions: Mr. Kenneth Black, Ex. Director, United Tribes of Western Oklahoma and Kansas; Mrs. Catherine Lamar, Area Social Worker, B.I.A., Anadarko, Oklahoma; Mr. John Bjork, Area Mental Health and Social Services, Indian Health Service, Oklahoma City; Mrs. Alene Miller, Tri-City Indian Development Center, OIO, Holdenville; Mr. Jim Redcorn, Needs Assessment Coordinator, NAC, Oklahoma City. Mr. Redcorn was on our planning for this meeting. Mrs. Helen Overland, Ponca Tribal Council, Ponca City, Ponca Director of some of the programs where we have been involved. I am Robert Pinezaddleby, Director of Oklahoma Indian Ministries, Oklahoma City.

We have had help from many persons and I might indicate Dana Knight was very helpful in giving us some of the leads in setting up this program. If you have any questions, you might contact any of these persons, also Mr. Bob Gann, Director of Oklahoma Commission on Indian Affairs, State involvement, who have loaned us space for our planning meetings.

(Continued on next page)

ANADARKO AREA INDIAN CONFERENCE ON AGING

April 25, 1977

9:00 A.M.	REGISTRATION
10:30 A.M.	OPENING SESSION—Invocation—Welcome/Introductions Reverend Robert Pinezaddleby
10:45—11:00 A.M.	REPRESENTATIVE FOR COMMISSIONER OF INDIAN AFFAIRS
11:00—11:30 A.M.	MEMBER OF NATIONAL TRIBAL CHAIRMEN'S ASSOCIATION Wendell Chino, Chairman, N.T.C.A.
11:30—12:00 A.M.	NUTRITION PROGRAM FOR THE AGING—Helen Overland, Ponca Tribe
12:00 Noon	LUNCH
1:30—3:00 P.M.	PRESENTATIONS—Bob Giago, Native American Center Oklahoma City, Oklahoma Teresa Holguin, Regional Office on Aging Dallas, Texas Roy Keen, Special Unit on Aging Oklahoma City, Oklahoma John Hooper, Food Stamps Oklahoma City, Oklahoma Mary Johnson, Supplemental Security Income Oklahoma City, Oklahoma
3:00 P.M.	BREAK
3:30—4:30 P.M.	PANEL FOR QUESTIONS
4:30 P.M.	ADJOURN
7:00 P.M.	HANDGAME

April 26, 1977

9:00 A.M.	INVOCATION
	PRESENTATION—National Indian Council on Aging: Robert Pinezaddleby Cecelia Blanchard Mildred Cleghorn
10:00 A.M.	BREAK
10:30—12:00 A.M.	RECOMMENDATIONS AND EVALUATION
12:00 Noon	ADJOURN

As I call out the tribal name, would the representative of the Tribal Committee, or the CHR representative, introduce yourself.

INTRODUCTIONS:

Rev. Pinezaddleby: It has been a dream of mine to have such a meeting as this. There was a National Indian Conference on Aging in Phoenix, Arizona, last June. I was asked if I would attend a training conference. It suddenly occurred to me, "What am I doing here? I always thought of myself as a young person." But, I had to believe I am getting into that age bracket, and then I began to think in terms of our people here in Oklahoma, Kansas, and parts of Texas.

At this time, I want to call upon a representative for the Commissioner of Indian Affairs from the Anadarko Area Office, Mrs. Catherine Lamar. She has helped greatly in the planning and preparation for this meeting.

Mrs. Catherine Lamar: Mr. Ray Butler, the Acting Commissioner of Indian Affairs, Washington, D.C., is unable to be here today. One of his staff members, Dan McDonald, Chief of Trust Responsibilities, died, which was a real tragedy to the office there and to all Indian people. Dan was a Flathead Indian from Montana, so Mr. Butler and many of his staff are attending his funeral. He asked that I extend greetings for him, and I am most honored to do this.

Mrs. Butler is from Binger, Oklahoma, so Mr. Butler has a feeling of kinship to Oklahoma. Along with his Acting Commissioner role, he is also the Director of the Division of Social Services in Washington, D.C. He has a special interest in aging. He hopes all efforts are continued to serve our elderly because he feels they are such an important, valuable segment in our Indian society.

He emphatically stated that the BIA staff will offer whatever assistance is needed on programs for the aging.

Mr. Butler proudly states he has Blackfeet Indian blood. This is my Tribe, and in our language, OKE means "Hello", so I want to say OKE from Mr. Butler and myself.

Rev. Pinezaddleby: I want to introduce the Director of Communications in the Anadarko Area, Mr. Dennis Wycliffe. He will be here to talk with you.

We have a representative from the *Daily Oklahoman* and *Oklahoma City Times*, so we are getting some full coverage from the media, and we appreciate it.

I want to introduce Mr. Kenneth Black, who will escort our speaker for the morning and introduce him.

Mr. Ken Black: We are all getting to the age where we have to realize we are getting older, especially when your kids say, "Dad, you're kind of old." Now we are having a meeting to determine our needs and to bring to the attention of Congress and the BIA that there is one segment of our Indian society who are being neglected. It struck me one day that all of our children receive free dental care and they get it done quickly, but when we get old and need teeth, nobody seems to care about us. Everybody is interested in nutrition, but if you don't have teeth to chew it, you aren't going to eat it, anyhow. And the same with our hearing, and our sight. We have hopes that this meeting will bring to the attention of your Council, your Congressmen, and the BIA and departments, that you are a living person, and you have needs, too.

To introduce our speaker and my friend, Mr. Wendell Chino, he was unanimously selected by the whole Planning Council. Wendell is Chairman of the National Tribal Chairmen's Association, and he is a past President of the National Congress of American Indians. A real Indian, Mr. Wendell Chino.

Mr. Wendell Chino: I appreciate the opportunity to be here this morning. I'm certainly glad to be here, and I hope that I can say a few things to people that are here.

Kenneth mentioned a moment ago that we were in Arizona last year when we had the conference on Aging, and he told the story about a couple of our Apache people sitting in a little park in Alamogordo. These two Apache men were talking together, and one told the other, "Why don't you go and ask these two white men sitting over there on this other bench and ask them what they think of us." So, the other says, "No, you do it." The first one then says, "No, you do it." Pretty soon one of them went over there and says, "Hey, what do you people think of us Apaches?" "Aw ....," the white man said, and turned one of his thumbs up—whereupon the Indian goes back to his friend and his friend asked, "What did he say?" The Indian answered, "The white man says that we're number one."

Well, Indian people can read sign language pretty good.

You know, my name was thrown around there for a while about my being a contender for the Commissioner of Indian Affairs. So, I made it very clear to the Administration that I was not interested in the job. For one thing, I am President of the Mescalero Apache Tribe for a long time. And I have an opportunity to be my own boss. And I couldn't see somebody else bossing me around. So, for that reason, I decided I couldn't see myself in the job. So, I told the Administration that instead of Commissioner of Indian Affairs, I would like to be Commissioner of Immigration.

Now, I would like to move into why I came to Oklahoma...I would like to give an address titled "An Old Indian Message For Today's Indian". All of us sitting in this room can look back over the quarters of time and recall to our memories the influence, the impact, the involvement, the participation of our parents, our grandparents, uncles and aunts, someone perhaps no longer here. Yet, the influence and the spirit of some of our ancestors are still with us. And I think that we, as Indian people, and the persistent people that we are, persistent in maintaining our language, our music, our religion, all speak of the influence, the impact the elderly people made upon your life and mine.

You know, I came from a home where my father and mother did not speak English. And I tell some of our young people today that they are fortunate to have their parents converse with them in the English language, at least, one advantage they have that I didn't have. But conversely, I received something from my unschooled father and mother...something that all of the white man's classrooms could not give me. Like you, I owe a great deal of gratitude to my mother and father, who had a great deal of influence upon me to do what I have been able to do for my Mescalero Apache people.

Just recently we dedicated 35 elderly units on our reservation. The units have central heating systems. But the living room also has a pot-bellied stove, which they prefer, to sit by an old pot-bellied stove that is there. But, if my father and my mother had not given me some direction, I am sure I would not have been able to do this.

So, what we consider 'an old message', old influences from the past generation of our Indian people, I think, you apply to this. Let's look at one truth here—you can't control the length of your life—but you can control its width and depth.

None of us sitting here know when that day will come for us when we shall no longer be upon the face of this earth. None of us knows when this life that we have will be cut off. And, as I said, we can't control this. But two things we can control: we can control its width and its depth. So then, longevity of life is not so important as the qualities that we put into it. And I think this is the message of the elderly people. How long you live is not so important as what you put into it for yourself and for other people. And we live in a society which, for the most part, has forgotten us. And I think it's good to remind ourselves that it's not how long you live—but what you put into it, the values. And this is something that not only our Indian young people, but all of the young people of today need to be reminded of, that it is far more important that some quality be put into the lives of young people. You can't control the contours of your countenance, but you can control its expression. None of us can do anything about the outline, the wrinkles, the sagging skin on our faces, but we certainly can control the expression. We can look at it. We don't have to have a depressed look. We can bring sunshine into the lives of other people. The outward appearance of your face and mine really does not matter, but the expression that we put into it is far more important.

We can look back and see the face of someone that is no longer here, and the expressions had their own impressions. You could see it, how narrow, how large, how round, or oval the shape of the face; what matters, is its expression. It is said that a smile can bring light into the darkest corners. And our old people have done that for us. Some of them have known adversity, oppression, hostility, hard knocks, doing without. They always have that expression of confidence. You can't control the other fellow's opportunity, but you can seize upon your own and make the best of it.

We gentlemen sitting up here, each of us has had his own opportunity. Each one in his own way grabbed and utilized that opportunity. There is no point in belaboring and bemoaning the fact that we are a people of less circumstance, less means, or less opportunity.

On my reservation, there was at one time our unemployment running as high as 70-75%. But today, that unemployment figure probably is down to zero. But it grieves me, and it grieves my heart that I have labored for over twenty years to bring about this kind of reality, this kind of situation. And boys and girls, men and women, are not grabbing these opportunities. They are not making the utmost use of the opportunity that we have been able to create for them.

It is the truth, we can't control the other fellow's opportunities, but certainly it is our responsibility to grab our own and make the best of them. Our old people did. They didn't have all there is to be had. But, what they had, they shared, they protected, they utilized. This is where most of us came from, out of this type of situation. We have not time to bemoan the fact there were no opportunities. The opportunities are better than when we were being reared and brought up.

You can't control the weather, but you can control the atmosphere that surrounds you.

When I left my home this morning, I guess I traveled above the clouds for about 450 miles. I couldn't do anything about it because I made a commitment. And I thought, well, I'll get a few bucks, get above the clouds and be on my way, so that I can take care of the address here in Oklahoma City. But once I got up there, I began to make a few notes here and there to see what I was going to say in Oklahoma City...and forgot all about the weather, until about 50 or 75 miles on the west side I looked down and saw red clay and knew I was in Oklahoma.

But so many people, as someone said, complain about the weather, but no one can do anything about it. You know, I was reading about this cold, hard winter up in the northwest, and someone has already made a study of it. You know what they said? Because of these long, cold, hard winters we are going to have a population explosion. Well, you might say these people make a use of this cold weather, but the point is that none of us can control the weather. But, we can make it conducive to our own well-being, make it conducive to the well-being of our families, make it conducive to the well-being of our communities. Instead of worrying about the tornadoes in Oklahoma.

Well, the weather is something that is beyond the control of men. But there are some things that he can do, atmosphere-wise, to make it pleasant. Here again, old people didn't have stately homes, they didn't have all of the goodies that we have, but they had the atmosphere, they created the atmosphere through which they were able to pass on the good things of life to their children. I tell my children today, your children are growing up in a push-button world...you push this and you push that—that is all you have to do. But, remember one thing, if you want these same things, you are going to have to work for them. This is why the weather is not as important as the atmosphere. The state of the mind, state of the soul, state of the body, this we can control.

You can't control the distance that your head will be above the ground, but you can control the level of the contents in that head. This we can control. Some people fill it with hate, while others fill it with compassion, consideration, and some like to fill it with scientific marvels and information.

One of the surprising things about Indian history, Indian culture, Indian life, is that for the most part all that is connected with our Indian people was unrecorded. They had no time to carry a tape around to record the pow wow songs. But it was all up here and they passed it on. That's how we came to be possessors of those things that were passed down to us. You can, and I can, do the same thing with our children and our grandchildren so that their heads may be full of good things, and it will be to the well-being of our young people in the next generation which is to follow us.

You can't control the other fellow's unknowing faults, but you can see to it that you, yourself, do not develop or harbour similar propensities. Or, as someone has written in another way, "Don't criticize your neighbor until you have walked in his moccasins." Don't be concerned about others' faults, failings and weaknesses. But just make sure that you don't fall into the same pattern, or that you don't have the inclinations. These are all of the good things that we as elderly people can pass on to today's Indian, because, in this age, particularly, the influence of this non-Indian world is making its impact and is reaching out all the time, through the newspaper, the television, the radio, through the movies. It's always reaching out, not only in the city, but in the rural areas. Maybe some things disturb us, and we can protect ourselves against these things.

You can't control the uncontrollable just because it irritates you or because you worry about it. Some people want to know what my secret is after all these years of running the Mescalero Apache Tribe—and particularly the white people, they want to know why I don't have an ulcer. There are two secrets: No. 1, I don't worry about problems. You may say, "Well, there are always problems." If that is a fact, then why worry about it? We should face facts, face problems when they come up, and not worry about them as it won't make any difference because these are some of the things that are uncontrollable. And the other is, No. 2, I never take work home. My work stays in the office where it belongs. This is the secret.

I was reading about an Indian that had developed a cure for diabetes. Now all of the pharmaceutical companies in the United States are after him, asking him why he didn't patent this. He says, "No, it's for the Indian. I have the secret. I will dispense it, and it will be under my control." Well, at the present time he is warding off all of these huge companies that want to learn the secret. I'm sure that he is getting tired of the bugging by all of these people. It irritates him. He can't worry about it. The only things that you can control are the things that depend on you. Only you, only me. The length of our life, the line of our fates, opportunities, weather, how high the head is, the faults of other people, this we cannot concern ourselves with. The things that we can concern ourselves with are the things that we can control. And those things that we can pass out as elderly people, perpetuated among our Indian people. This is what an old Indian would say to us. In closing, I would like to read you a poem.

Time does have its way of changing,
And with it, our peoples' prospects.
Many of our children's children
Will absorb the ways of white men,
Intermingling with each other.
They will learn new ways of living
In conforming to these changes—
To associate with others.
Many will excel in trading;
Others join in enterprises
Showing skills in crafts and farming
Finally making slow adjustments,
Thus they'll blend into the mainstream—
Melt into prevailing customs.
Many of them intermarry,
Losing pure blood of their forebears.

But most of our proud descendants
Choose to maintain their seclusion;
To live their lives on reservations
To retain our rich traditions,
To preserve our ancient culture.
This brings comfort to my passions
To know our ways will be protected
In these private sanctuaries
Separated from the masses,
From the profaned world about them.
In these sections of their homeland,
Under natural surroundings,
They'll observe our sacred dances,
Conduct the solemn ceremonies
As in ages long before them.

So take heart, my stalwart kinsmen,
Think not of the woes that shall be.
Live today—forget tomorrow
For your lives are full of blessings.
Leave and go home to your people;
Live in peace with one another.
Look out on your vast dominions,
View the glories of creation.
You are graced by the Great Spirit
To abound in all these wonders—
To appreciate his favors
By your earnest supplications.
Make the most of your prized treasures
For in days far in the future—
When these jewels are being ravaged,
All this purity polluted,
Man will look back on our ages
As a time of great abundance
Of all natural enchantments—
Gone forever by their havoc—
By their avaricious nature.

Now I give you benediction;
May our Spirit bless your dwellings,
Gods of harvest give you plenty.
Pray the gods of your devotions
Give you solace and protection.
I beseech our God of mercy,
Gods of loving and compassion,
Bestow unto you faith and courage
For the days that lie before you.
Defend the things we hold most sacred,
Preserve the souls of our ancestors
In the kingdom of Ponemah—
In that land of the hereafter.

Rev. Pinezaddleby: In response to this address—I feel we have a great deal of input to be made, we have a challenge to make and the opportunities of service within our family groups and communities. We thank you for this address, this challenge, for your leadership, for your involvement in the different aspects of Indian life. We are privileged to have you today.

I want to introduce the people who are here who are helping at the tables with the secretarial work, keeping notes, minutes, giving out the packets, your name tags, etc. Alene Miller, with the Tri-City Indian Development Organization from Holdenville who is helping with registration. Liz Ahkeahbo, who is secretary to John Bjork, who is here to take minutes and help.

Also, Wilma Goombi, with the BIA, Anadarko Area Office, who is taking all of the proceedings, and we are very thankful to this office for her help.

We are thankful to the Indian Health Service office here the Social Security branch office in Oklahoma City, to lend their secretaries. We have Jonathan Hoag, member of the Delaware Tribe, helping. Our National Executive Director, Juana Lyon, Albuquerque, gave us some strong suggestions that we keep minutes for future use, and we appreciate these persons helping us.

We want to recognize all the tribal chairmen and councilmen and CHRs who we know will make a strong contribution to this conference.

This afternoon, following lunch, perhaps 1 p.m., we will have the per diem for the two elder representatives and a tribal committee member who were designated to be the representatives.

Mr. Ken Black: At the National Indian Conference on Aging, the Oklahoma people there nominated Mr. Lee Motah to represent the elderly in Oklahoma. Two people were elected to represent the elderly under the Anadarko Area office, and I think they are doing an able job putting together the conference here. They are Bob Pinezaddleby and Cecelia Blanchard. They represent the National Tribal Chairmen's Association.

Mrs. Blanchard: Stated that, without the help of the Chairmen's Association of which Mr. Chino is Chairman, the Conference would not have progressed this far. The Association is the sponsor.

Mr. Black: Introduced Mr. Newton Rose who was the Boys' Advisor at Haskell Institute when Mr. Black attended there. Also introduced was Mr. Dana Knight, who was a classmate of Mr. Black at Haskell.

ADJOURNMENT FOR LUNCH: 12 NOON
AFTERNOON CONFERENCE: 1:30 P.M.

Rev. Pinezaddleby: It is 1:30 and our first presentation is from Bob Giago of the Native American Center, Oklahoma City. The next presentation will be Teresa Holguin of Dallas, Texas.* Then, Roy Keen of Oklahoma City (Special Unit on Aging). Then John Hooper of the Food Stamp Program of Oklahoma City. Then Marvin Stinson, Supplemental Security Income.

We are going to get right into the Nutrition Program for the Aging. This was set up by one of our tribes. Mrs. Helen Overland will give us this presentation.

Mrs. Overland: My part of the program is the nutrition program which we have in White Eagle area with the Ponca Tribe. All of this started when Dana Knight received a call from a young gentleman, an Indian who is a planner from Tulsa, Oklahoma. He found out about things that were being worked out for elders in that city. We visited with him some place in Tulsa to learn what they were doing along this line. We set up our proposal. We let it be known we wanted to feed our elderly in our own area at our facilities, and with this funding we could do so. We were finally given a starting date, then were cut off. We made several trips to the State offices, then to Ponca City for them to be the prime sponsors. Squabbling arose regarding the money, and they finally said they did not want the program, but the need was out at White Eagle, not in Ponca City.

Nobody wanted to be the prime sponsors, and we waited. After I came back from attending the Aging Conference in Phoenix, Arizona, and some of the elders approached me, I found out we had lost the program. Finally, the Ponca Tribe was committed to be the prime sponsors, and the director is a Black lady who is doing a good job. We now have Newkirk, Blackwell, and Tonkawa. Today, we are feeding our people even though we have transportation problems.

One of the projects set up for them is a White Elephant Sale on Fridays, then, for recreation, every Wednesday morning there are handgames and sometimes a drummer.

We have been having problems with the food stamps. Mr. Roy Keen will back me up about a point that I made some time back. I asked why could we not bypass the county and let the state work with us. When we have to go to the Welfare for assistance, we can't get help. There is so much red tape and I know how they feel, for I been there. I do not get recognition as a senior citizen. When I apply for Food Stamps, I have to make a full report regarding three months' house payments, salary, three months' utilities, and whatever income I receive from the BIA. Then they ask me what kind of car payments I have to make. I send in a copy of the contract, and then I do not hear from them for two months. I wait and wait, then receive a letter telling me that I had not furnished enough information. I do not know what else to tell them. I went to the office with a group of our people. Some would not go as they did not want to give up their land.* They decided they did not want to bother with the applications any longer. This is the point where we are.

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*Representative of Region VI, DHEW-OHD, Office of Aging

Rev. Pinezaddleby introduced **Mr. Dennis Wycliffe:** Mr. Speaks wanted me to share a few words with you. He and Dr. Dry have gone to Washington working on Programs and Budget as they have a great interest for the elderly. Our office is supportive of the Program for the Aged, but the main support will come through the office of Mrs. Catherine Lamar, Social Services.

Mr. Speaks told me he would like to see a coordinated effort among local which means city, communities, county, states and, of course, the federal government. We younger people think we have needs, but what we have are wants and desires, but you people here have identified needs.

Rev. Pinezaddleby: At this time, Bob Giago will give a slide presentation of our people caught up in the urban areas and the different parts of the country. Bob is Director of the Oklahoma City Manpower Program and also other areas of programming in Oklahoma City.

Bob Giago: I am an Oglala Sioux, originally from Pine Ridge, South Dakota, and migrated down here when I got captured by a Kickapoo-Laguna Pueblo.

I would like to give you some background about the NAC building. The reason I say building is, there are three different organizations in that building. The Native American Center is the Charter group which began in 1973. We have added an Urban Indian Health Project, and the program I am directing is the American Indian Training Employment Program. We have three different Boards of Directors who are all Indian people from various walks of life in the community. We all receive different kinds of grants, federal, some from small foundation groups, and donations and local help.

This slide presentation is of the participation of the Indian people in the various programs which are administered by agencies in Oklahoma City. Last year, we served 63 different tribes from across the nation. This is a comparative analysis of two minority groups, Black and Indian.

Rev. Pinezaddleby: Mr. A.F. Rambo, Director of the Services for the Aging in the State of Kansas, could not be here nor could they send a representative, but they want us to know they are very much interested, and we promised to send to them any materials accumulated here and the minutes.

We now will ask Ms. Teresa Holguin, Regional Office Representative, also Roy Keen, Special Unit on Aging of Oklahoma City, also John Hooper, Food Stamp Program, and Marvin Stinson, Supplemental Security Income Program of Oklahoma City to each give their presentation.

Ms. Holguin: I bring greetings from the Regional Office in Dallas. The Region consists of five states: Arkansas, Louisiana, New Mexico, Oklahoma and Texas. Mr. Hal Geldon, Director, Region VI, sends his best wishes. It is beautiful that our elderly people are being recognized with the type of values attached to that particular segment of the population, the most important segment of our Indian life and culture. I quote from Mr. Chino's statement in Phoenix, "The elderly Indian, down through the years, has been the preserver of the Indian race, Indian culture, Indian history. Indian people have never been ashamed of growing old. They merely accept it as a fact of life because they understand the forces of life and the forces of nature, that all and everything that lives, also decays. The Indian elders have always been a part of the extended family. Being the heart and center of that Indian family, they bring into that family unit an experience, maturity. They also bring to us knowledge, wisdom."

Mr. Pinezaddleby, in his letter inviting us to this conference, said "Hopefully, at this conference we will receive the necessary input from the participants to work toward better implementation of programs for the aged." What programs are we talking about? Any and all programs which affect our older people. The Aging Network starts with the Central office in Washington, D.C., headed by Commissioner Flemming, and goes out to ten Regional offices. Then it moves out to each of the State Agencies. In this Aging Network, the State Agency is the focal point, the center. This agency is mandated to administer the aging programs for that particular state. This office then designates at a sub-state level, Area Agencies on Aging which then become the focal point for that particular geographical area. Once an Area Agency on Aging or a Triple A, as it is called, has been designated, then programs for services are funded through that particular office, the AAA.

Some of the services that will be addressed later, or that can be funded under these programs, are: transportation, homemaker, home health, information referrals, outreach, legal services, home repair, recreation, etc. Another important phase is the nutritional program which Helen Overland spoke about. This is not only a meals program, but it needs to be a home program, one that attempts to serve the total person.

Another part of the network is the Title IV-A Training program. A new title was funded this year under Title V of the Older Americans Act. This deals with the alteration and renovation of multi-purpose senior centers. Another one is Title IX, Community Service Employment for Older Americans. This, in Oklahoma, is administered by the Green Thumb Organization under Mr. Chester Stone.

There are different ways these particular programs can be developed, but the State Agency and the Triple

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*Reference is to pressure being brought on Indian people to sell their land allotments to meet their financial needs. Refer to recommendation 1(i) under *Income* in summary of recommendations from 1976 National Indian Conference on Aging (On Page 8) Ed.

A levels are mandated to develop a plan each year. Each group is mandated to have an advisory committee. You have opportunity to make recommendations to the State Agency, to the nutrition projects and to the Area Agencies.

One thing I want to make clear, all of these programs and others are to serve the older person in a dignified manner, and that is very important.

Mr. Roy Keen: In Oklahoma, in 1963, a designation was made to the Department of Social and Rehabilitative Services, which has been called the Special Unit on Aging.

In Oklahoma, when you look for money for grant programs for older people, you would look to the Area Agency for actual funding for all but the nutrition program, which comes under the State agency. I have a listing of the Congregate Meal Programs in the State of Oklahoma, and you may have a copy. I brought one for each tribe, the listing of the Area Agencies on Aging in Oklahoma at the present time. I would urge all who are interested in developing programs for the older people, that you work very closely with the Area Agency and, if they are not responsive, then sit on their doorstep and if that does no good, you have the avenue open to the State Agency.

The 1972 Congregate Meals Program also created a nutrition program for the elderly. The eligibility requirement is age 60 or over, or the husband or wife age 60 or over. This program must be structured even though that is the only eligibility requirement and that they reach low-income and minority older persons.

Under Title IV-A we do have training money for a large variety of types of training for older people, volunteers, people working in aged programs. Not only people who are working for Older Americans Act programs, but people who are working for any agency working for older people.

In 1978, there will be more funding for programs on Aging. If you are interested in a program that comes through the Department of Transportation, this particular title provides money for approximately 80% of the cost of vehicles, buses for transportation for the elderly and handicapped. Under this particular title, the only eligible applicant agencies are private, non-profit organizations. Indian tribes taking advantage could not meet the requirement of non-profit however, Section 16 8-2 of the Urban Mass Transportation Act would help. I know, many tribes have incorporated tribal organizations that are non-profit, possibly that type of vehicle would be the avenue for application. It pays for 80% of the cost of equipment, 20% must be provided locally. If you are buying new equipment, there is no provision of any kind, it must be cash advance in order to pay for the vehicle. The program does not provide for any operation cost at all.

In Oklahoma, there is the "Green Thumb Program", which is a program for the older people 55 years of age or older, part-time employment. The Oklahoma Department of Economics and Community Affairs has been designated as the agency to administer that program. The western part of the State, which has no Green Thumb Program, is being given heavy priority.

A new program is called Legal Services for Older People 55 years or older. We have an attorney on staff heading this program.

John Hooper, Food Stamps Program, Oklahoma City: One of the biggest mistakes was that we started educating at the lower level by educating the people, and we missed the vital point. Now we are contacting the tribal leaders to allow them to work with us. This is working with the chiefs, governors, or the various tribes and tribal chairmen. The last month of Commodity Feeding Program, 1972, we had 20,317 Indians participating in the program. In April 1976, we had 11,902 participating in the Food Stamp Program. This is a decline of 41.4%, so we realized that we had a problem. We sent out questionnaires to all tribal leaders asking which they preferred, the Commodity or Food Stamps. Over 75% felt the Food Stamp Program was less successful.

One of the corrective programs badly needed is in the case of older people with diabetes. Another item of consideration is that the tribes administer the programs themselves. We hope this can become a reality after working out the problems.

Mr. Marvin Stinson, Supplemental Security Income Program: This program is for the aged, blind, and disabled in Oklahoma. People in financial need who are 65 or older, or needy people of any age who are blind or disabled (including children), may be eligible for monthly cash payments from the Federal Government. In some cases, Oklahoma provides additional money to supplement the federal payment. To qualify for S.S.I. because of blindness, a person must have central visual acuity of 20/200 or less in the better eye with the use of corrective lens, or visual field restriction of 20 degrees or less.

S.S.I. payments for disability may be made if an individual is unable to engage in substantial gainful activity because of a physical or mental impairment which can be expected to result in death, or which has lasted for 12 months or longer. If you are single (or married but not living with your spouse) you can have assets—things you own—worth up to $1,500 and still get payments. The amount for a couple is $2,250. This includes savings accounts, stocks, bonds, jewelry, and other valuables. If you own a car, only the portion of the retail value which exceeds $1,200 is counted. A car is not counted at all if it is used for transportation to a job or to a place for treatment. Some people can get Social Security and Supplemental Security Income, if eligible. If you receive S.S.I., you may get medical assistance (Medicaid).

There is information at the Food Stamp Program, and Mrs. Margaret Hernessey will be happy to work with you.

Mr. Bob Gann, Indian Affairs Commission of Oklahoma: Perhaps the most basic principle of all Indian law is that those powers which are lawfully vested in an Indian Tribe are not delegated powers granted by express acts of Congress, but rather inherent powers of a limited sovereignty which have never been extinguished. Many of my colleagues and I believe there is an interest and a resurgence of tribal government that is just over the horizon. The Indian people and the Indian lives in the State of Oklahoma are not adequately being served by the existing delivery system. Therefore, it is critical that this message be conveyed to the federal agencies who are responsible for providing the financial means of taking care of our people. It's that simple. Tribal government must assume its rightful place in the Federal Delivery System.

ADJOURNMENT 4:55 P.M.

TUESDAY, APRIL 26, 1977

CONFERENCE RESUMED 9:15 A.M.

INVOCATION: Mrs. Rose Pipestem.

Rev. Pinezaddleby: The address of the NATIONAL INDIAN COUNCIL ON AGING, INC., P.O. Box 2088, Albuquerque, New Mexico 87103. Phone: 505-766-2276. The staff will welcome any input from any individual or group. I would like Cecelia Blanchard to give a presentation as to how she became involved.

Cecelia Blanchard: The National Tribal Chairmen's Association indicated that if we would draw up a constitution/bylaws for a charter there was the possibility for getting assistance and a sponsor, which has taken place. The B.I.A. and others have given assistance. The B.I.A. suggested that I be aboard for the Anadarko Area, and Don Mabray for Muskogee. We were elected in Phoenix, Arizona, one from the Coalition of Urban Indians, and one from tribal elected officers, so this is how Bob and I got involved. When he could be present, that was fine—when I could be present, that was fine. Actually, we have both been present at most of the meetings. Mrs. Mildred Cleghorn has been involved a great deal. We could not have gotten to first base without Mrs. Catherine Lamar. She has been the legs of the organization. We are here to hear you, your needs, what you want us to do for you in our next meeting. What do you want corrected? The organization is very strong, and you people are the ones that make it strong.

Rev. Pinezaddleby: In our Phoenix meeting we had about 1,300 from tribes from San Diego, from the Everglades of Florida to Alaska, and all in between. This was truly an Indian Conference. One representative was Mildred Cleghorn. She is an alternate to the Council, while Jim Redcorn, an Osage, is my alternate but had to be away today.

Mildred Cleghorn: So many friends, both old and new ones, so many presentations. It was like a reunion. One of the problems of concern is housing for the elderly. Our older people need a place where they can call "their home", and not be put on the shelf somewhere and forgotten. One of the things we need to remember is the "happiness factor". As we get older, we lose our friends. We need to provide means of happiness.

Another thing, we are losing our culture. We need to remember, this is sad.

Rev. Pinezaddleby: Out of the Phoenix meeting, we came up with the move to set up a Task Force for the responsibility of all tribes across the United States to have a program for the aging. Last August in Tulsa, we hammered out bylaws and constitution that were needed in order that we could come in for funding from the H.E.W. resources. We are now incorporated as of last August. All the legal processes were worked out, and it was then decided we would have a National Indian Council on Aging. The officers as of now are: Don Mabray, Chairman; Bob Pinezaddleby, Vice-Chairman; Larry Curley, Secretary; Madeline Colliflower, Treasurer. We presently have 38 members, representing different tribes.

Up to now, we have had two Council meetings, where we formally established our national headquarters in Albuquerque. The meetings were held quarterly. We have a Board of Directors made up of 12 people, who meet monthly. We have a lawyer in Washington, Mr. Joe Fontana, who is keeping up with the latest legislation and is doing quite a bit of work in Washington for us. We are involved in the legislative processes. Most of our programs are channeled from HEW to the states, like in our case.

We went to Ft. Lauderdale, Florida, to meet with the Seminoles and Miccosukee groups. They brought out some problems that needed the attention of the state offices and the national. It was a lack of communication. We were able to help them. This is one of the intents of this conference, that we get acquainted with our state officials.

We have enough copies of the Summary Report of the National Indian Conference on Aging for each tribal group that is represented here. This gives the background of the whole process of how we got things started last June. As more Indian people are becoming aware of this program, the input is coming in fast and furious.

QUESTION AND ANSWER TIME:

What is the definition of "Indian"?

Mr. James M. Cox (Chairman, Comanche Tribe): There is a problem as to the definition of who is an Indian. Here in Oklahoma generally, emphasis is placed on the standard of one-quarter Indian blood among most of the tribes. Some other tribes recognize other ways of definition. Some moves are being made to recognize those who are less than the standard one-fourth quantity. Some tribes also recognize one-eighth, which challenges the Indian Health Service. Indian people, themselves, will have to determine what is the best solution to the problem. The B.I.A. will provide services to Indians with one-fourth or more Indian blood.

Rev. Pinezaddleby: On April 15, 1977, in Ft. Lauderdale, Florida, the Task Force worked on this matter. The following Resolution was initiated, which will be presented at the National Council meeting in June.

Rev. Pinezaddleby introduced **Mr. Bjork**, Area Mental

Health and Social Services, Indian Health Service, Oklahoma City.

Mr. Bjork: We have purchased eight different films on different technical aspects of aging. These films are available to all of you, either through my office or just by contacting the Mental Health Social Service person. They are available to any group working with aging.

We have a Preventive Mental Health and Social Service series for tribal health people which includes: CHRs, Family Planners, MCH Workers, and mental health workers from different tribes. We do have funding. We are also participating in an Oklahoma University Health Science Center, an NIMH funded project for mental health and diabetes.

We hope you will get to know our local staffs and we hope we can all do some meaningful things together.

Question: Why can't we have a doctor just for older people?

Answer: Good question. There is not a gerontologist in this area. We have been looking at this, though. We do not have the money for training yet, but we plan to have a person trained when we can.

Question: What about medicines badly needed, which you are told will not be in stock for a long time?

Answer: I do not know but can ask our pharmacist.

Question: What about teeth and glasses for the aged?

Answer: This is part of the recommendations, and I will certainly see about this.

Rev. Pinezaddleby: Thanks to all of you for your input. We need to get on to the evaluation. Would anyone like to make a comment?

Comment: This has been a very helpful meeting. It is good to know about all the services that are available to the Indians.

Recommendation: (See list of recommendations)

Rev. Pinezaddleby: This will be part of the recommendations.

Question: Is there any way there could be the status of a reservation (in Oklahoma) where more benefits could come to the communities or tribal groups?

Rev. Pinezaddleby: I think much is being done. Oklahoma has not been designated as a reservation because most of our lands have been declared unassigned and taken away and reassigned to other people in the past. That has been one of our problems in the past, we are not reservation Indians. Therefore, we are not entitled to some of the programs or benefits or resources in our area. I know this has been discussed before, and maybe there has been some consideration given in this matter. Our parliamentarian, Mr. Jim Cox, perhaps would like to comment and may have some late word.

Mr. Cox: About 10 months ago, the United Tribes organization, which is made up of 23 tribes in Western Oklahoma and Kansas, initiated a program where they are going to study the possibility of reservation recognition. It is a long and painstaking process as much has to be reviewed before the councils. There is an attempt being made now, some legislation is in process, to allow some tribes to take care of their own Food Stamp Program.

Comment: Perhaps some kind of funding can be provided so that young people can work during the summer months, such as helping older people, i.e., filling out forms with them and showing them how—and where. All the older person would have to do is sign their name. For any program, to apply, one has to fill our so many application forms.

Mr. Cox: There are summer programs available, such as the CETA Program. This year, there is money for hiring young people for the summer. I know the different tribes have their own particular kind of programs available, however, I am speaking primarily of my own tribe when I say there is money available. I know some of the other tribes have the same resources available to them.

Comment: Can there be funding in communities so older citizens can get resources for production, for example in arts and crafts?

Recommendation: (See list of recommendations)

Evaluation: Oklahoma has the largest Indian population, and we do have the voting power. Indian people should stick together and find out who the candidates are and who will help the Indian people. Indian leaders should inform their people, or tribe, regarding the candidates.

Recommendation: (See list of recommendations)

Comment: This is in regard to the high cost of fuel—also the financial difficulty of many elderly in meeting monthly house payments under the HUD program.

Recommendation: (See list of recommendations)

Comment: How about putting wood stoves in houses under HUD program?

Rev. Pinezaddleby: That consideration can be made regarding wood stoves in HUD houses, due to fuel shortage.

Comment: **Beulah Larney,** Meals on Wheels: This Title VII project is feeding 900 persons a noon meal five days a week. Pre-planning for this grant was done by the Area-wide Aging Agency. There are 12 meal sites serving persons over 60 in Oklahoma City-County area. Meals are served in a group setting at five churches, three Community Action Neighborhood Centers, three Oklahoma City Housing Units for the Elderly, and one Oklahoma City Housing unit.

The program provides a variety of social services. Transportation and escort service is provided (at nine of the sites) for those persons who would otherwise be unable to participate in the meals program. Shopping assistance is available where it is needed. Other social services provided include outreach, information and referral, health and welfare counseling, recreation, and nutrition education. A full-time staff person coordinates the social service component of the program.

Comment: We should find out about homes or building for our older Indian people in their own areas. This is where they can do their own thing.

Recommendation: (See list of recommendations)

Comment: There is a need to organize a committee that would meet for discussion of the elderly.

Recommendation: (See list of recommendations)

Rev. Pinezaddleby introduced **Linda Poolaw**: 1. Go back to your tribal leaders and organize a tribal elders group. 2. Elect leaders from that group to be your representatives at the next annual, or quarterly, group meeting. 3. Organize a committee to present all problems for discussion by making a list. 4. Have another meeting of the tribal elders, if you must. Perhaps transportation money would be a problem, therefore, organize ways to raise money, perhaps by a dance, garage sale. Raise the money to send the tribal elder representative to the meeting.

I think the emphasis is that your whole group would act as a whole body from the Anadarko Area. For instance, there would be a greater impact, such as on a trip to Washington, D.C., to state that we represent 19 tribes of Western Oklahoma for the elderly.

Recommendation: (See list of recommendations)

Rev. Pinezaddleby: All in favor of setting up an organization in the Anadarko Area, please signify by raising of right hand—all in favor of this motion—consensus indicates all in favor. Motion seconded and accepted.

Rev. Pinezaddleby introduced **Mrs. Joe Graber**, Director, Office of Health Resources, Indian Health Service: I have been in special meeting with the Social Security people and we have P.L. 94-437, Title IV, which now makes it possible for Indian Health Service to provide care for those of you who are entitled to Medicare benefits. This makes it possible to provide better care.

You leaders can help your people by informing them of what it takes to become Medicare or Medicaid eligible, also the benefits that you can derive from them. The money we will be collecting from Medicare will go back into your own facilities and can be spent on equipment, staff or training of staff.

We are trying to lower the age for Social Security. Some of the employment requirements may be somewhat difficult for Indian people to meet, and perhaps some changes can be made, particularly hospital coverage, the part people pay for. We want the legislature to freeze this part, so more people can have this. I hope you will be the forerunners in your community to inform others about services that are available to them.

Rev. Pinezaddleby: As to my own evaluation, it really has gone beyond my expectations. I have faith in you people. With you hinge many of the things that will be crucial, and I'm looking to you to help get things done. I thank the agencies that have been involved, all you tribal leaders, I appreciate this whole conference!

CLOSING PRAYER: Albin Leading Fox
ADJOURNMENT: 12:20 P.M.

1977
ANADARKO AREA CONFERENCE ON AGING PLANNING COMMITTEE

1.	KENNETH BLACK	Executive Director, United Tribes of Western Oklahoma and Kansas
2.	BOB GANN	Director, Oklahoma Commission on Indian Affairs, Oklahoma City
3.	CATHERINE G. LAMAR	Area Social Worker, Bureau of Indian Affairs, Anadarko, Oklahoma
4.	JOHN BJORK	Area Mental Health and Social Services - Indian Health, Oklahoma City
5.	ALENE MILLER	Tri-City Indian Development Center, O.I.O., Holdenville, Oklahoma
6.	ROBERT PINEZADDLEBY	Director, Oklahoma Indian Ministries, Inc., Oklahoma City
7.	JIM REDCORN	Needs Assessment Coordinator, Native American Center, Oklahoma City
8.	HELEN OVERLAND	Ponca Tribal Council, Ponca City, Oklahoma

Robert Pinezaddleby (Kiowa), Vice-Chairman, National Indian Council on Aging.

RECOMMENDATIONS

1. The Community Health Representatives should change a clause in their laws (rules and regulations) to help the aged people in regard to transportation.
2. The Conference recommended that support be given to the National Indian Council on Aging in their efforts to get some legislation across for direct funding to the Tribes; through the communities.
3. Each of the tribal leaders of the Anadarko Area begin a voter registration operation—to vote on candidates who would help the Indians.
4. Due to the fuel shortage and high cost of fuel, a recommendation be presented to the HUD office in Oklahoma City to work out a plan to reduce the payments of houses under the HUD program.
5. That consideration be given regarding the installing of wood stoves in the HUD homes due to fuel shortage.
6. That consideration be given to the objectives of Title VII programs and proper officials make efforts to provide centers or meeting places where this may take place.
7. That an organization be created to plan and implement programs for the elderly under the Anadarko Area. That this organization may be known as the Anadarko Area Council on Aging.
8. The Planning Committee planning the Anadarko Area Conference on Aging be authorized to continue as a Task Force to provide direction for future developments on Aging Programs.
9. That each tribal delegation return to their tribal leaders and organize a tribal Elders group or organization. Elect leaders from the elder group to be the representatives at the next annual or quarterly group meeting. Organize a committee to present all problems for discussion by making a list.

   Have another meeting of the tribal elders and organize ways to raise money, perhaps by a benefit dance, garage sales, etc. This money would be used to send the tribal elder representatives to a meeting or conference.
10. That an Informational Center be established to provide information and resources to the tribal groups under the Anadarko Area.
11. Provision be made for an outlet to handle arts and crafts for the elderly.

NATIONAL INDIAN CONFERENCE ON AGING
NATIONAL TRIBAL CHAIRMEN'S ASSOCIATION

Name of Tribe/Alaskan Native Community/Indian Organization Citizen Band Potowatomi Indians of Oklahoma

Mailing Address Rt. 5 Box 151
Shawnee, Okla 74801

Telephone 405 - 275-3125

Name of person submitting this report Wanita Clifford

Title Community Health Rep. (Geriatrics)

Date Nov. 4 - 77

Number of persons in service population who are:

Between 50 and 55 (96) 55-60 (132) 60 and over (429)

Are you now receiving funding for services to the elderly?

(x) Yes ( ) No

If yes, from what Agency?

( ) Tribe ( ) ANA (ONAP) ( ) Title XX (PSA) ( ) HUD ( ) CSA

( ) State Agency on Aging ( ) Area Agency on Aging

( ) Other (please describe) CHD - Training for young people - working on the elderly homes that are substandard

What services are you currently providing for the elderly in your community?

(x) Housing (x) Nutrition (x) Senior Center (x) Transportation (including escort service)

( ) ~~Homemaker~~, ~~Laundry~~, Shopping, ~~Housecleaning~~ (cross out what does not apply)

( ) ~~Security – patrol service~~, telephone reassurance

( ) Other (please describe) Check medication, Home visit, Make Dr. appointments, Blood Pressure check, Arm Chair travel movies.

What services for the elderly are most needed in your community? (Please describe)

Could use help with utility bills again this winter. More Volunteer workers - more mileage paid to volunteer workers - More in-home care.

(Over)

Have you tried to obtain funding for these services?

( ) Yes (x) No

If yes, from what agency? ____________________

What was the reason given for not funding your project? ____________________

____

____

ADDITIONAL COMMENTS:

When I look around we have help for senior citizens, but could always use more. We have a problem getting our Indian people to take advantage of services available to them.

PLEASE RETURN PRIOR TO NOVEMBER 18, 1977, TO:

NATIONAL INDIAN CONFERENCE ON AGING
NATIONAL TRIBAL CHAIRMEN'S ASSOCIATION
P.O. BOX 2088
ALBUQUERQUE, N.M. 87103

The Billings Area Level Follow-Up Conference to The National Indian Conference on Aging

The Billings Area Level Follow-up Conference to the National Indian Conference on Aging was held at the Eastern Montana College campus, Billings, Montana, on July 27 and 28, 1977.

Invitations were mailed to all seven Indian reservations and five Urban Centers, and also the Ft. Washakie Joint Tribal Business Council of Ft. Washakie, Wyoming.

In spite of the vast area of Montana and great distances, there was a good attendance and many good suggestions came out of the conference.

The participants agreed unanimously that there should be more of these types of meetings at the different parts of the State so more people can become involved.

Wednesday evening some local volunteers took the people for a tour of the Billings shopping centers and points of interest.

There is to be a mini-conference at the Sun Lodge at Crow Agency, Montana.

Three different reservation members complained of Young Directors in charge of the Elderly Programs. They also complained of the youth taking over the Senior Citizens Center or more attention given to the youth.

RESOLUTION

Resolution addressed to the Bureau of Indian Affairs and Congressman.

1. That the Bureau of Indian Affairs budget monies to maintain Senior Citizens Centers.
2. or either include for Senior Citizens use. (sic)

RECOMMENDATION

1. Senior Citizens should have some input into the hiring of Senior Citizen Center Directors and personnel of more mature age.
2. More emphasis should be directed to the use of Senior Citizen Centers to the elderly. It appears some centers are being taken over by the Youth.
3. The Indian Health Service Clinics should make every effort to shorten the waiting period for the elderly for services.

Madeline Colliflower (Gros Ventre), Member, Board of Directors, National Indian Council on Aging

pages 306, 307 blank

NATIONAL INDIAN CONFERENCE ON AGING
NATIONAL TRIBAL CHAIRMEN'S ASSOCIATION

Name of Tribe/Alaskan Native Community/Indian Organization
Northern Cheyenne Tribe

Mailing Address P.O. Box 128
Lame Deer, MT 59043

Telephone 406 477-6215 ext. 244

Name of person submitting this report Pearl Youngbear

Title Elderly Coordinator

Date October 25, 1977

Number of persons in service population who are:

Between 50 and 55 (139) 55-60 (86) 60 and over (178)

Are you now receiving funding for services to the elderly?

(x) Yes ( ) No

If yes, from what Agency?

( ) Tribe ( ) ANA (ONAP) ( ) Title XX (PSA) ( ) HUD ( ) CSA

(x) State Agency on Aging (x) Area Agency on Aging

(x) Other (please describe) B.I.A. - P.L. 94-638

What services are you currently providing for the elderly in your community?

( ) Housing (x) Nutrition (x) Senior Center ( ) Transportation (including escort service)

( ) Homemaker, Laundry, Shopping, Housecleaning (cross out what does not apply)

( ) Security – patrol service, telephone reassurance

( ) Other (please describe)

What services for the elderly are most needed in your community? (Please describe)

Nursing Home-Too many of our Elderly are placed in Nursing Homes off the Reservation. Transportation-Delivery of meals and general transportation for the Elderly for health and social service needs.

(Over)

Have you tried to obtain funding for these services?

(   ) Yes   (x) No

If yes, from what agency? ____________________

What was the reason given for not funding your project? ____________________

____

____

ADDITIONAL COMMENTS:

Adequate Income-Provide part-time employment to supplement Social Security and Supplement Security Income as they did not receive enough to live on.

Housing-Renovation of their homes and/or better housing.

PLEASE RETURN PRIOR TO NOVEMBER 18, 1977, TO:

NATIONAL INDIAN CONFERENCE ON AGING
NATIONAL TRIBAL CHAIRMEN'S ASSOCIATION
P.O. BOX 2088
ALBUQUERQUE, N.M. 87103

NATIONAL INDIAN CONFERENCE ON AGING
NATIONAL TRIBAL CHAIRMEN'S ASSOCIATION

Name of Tribe/Alaskan Native Community/Indian Organization Assiniboine/Sioux Tribes ANA
Fort Peck Reservation, Montana

Mailing Address P.O. Box 307
Poplar, Mt. 59255

Telephone (406) 768-3604

Name of person submitting this report Dr. Kenneth R. Martin

Title Executive Director

Date December 27, 1977

Number of persons in service population who are:

Between 50 and 55 (113) 55-60 (86) 60 and over (193)

Are you now receiving funding for services to the elderly?

(x) Yes ( ) No

If yes, from what Agency?

(X) Tribe ( ) ANA (ONAP) ( ) Title XX (PSA) ( ) HUD (X) CSA

(X) State Agency on Aging ( ) Area Agency on Aging

( ) Other (please describe)

What services are you currently providing for the elderly in your community?

( ) Housing (X) Nutrition ( ) Senior Center (X) Transportation (including escort service)

( ) Homemaker, Laundry, Shopping, Housecleaning (cross out what does not apply)

( ) Security – patrol service, telephone reassurance

( ) Other (please describe)

What services for the elderly are most needed in your community? (Please describe)

Senior Centers

(Over)

Have you tried to obtain funding for these services?

(X) Yes ( ) No

If yes, from what agency? Tribes

What was the reason given for not funding your project? Proposed

ADDITIONAL COMMENTS:

PLEASE RETURN PRIOR TO NOVEMBER 18, 1977, TO:

NATIONAL INDIAN CONFERENCE ON AGING
NATIONAL TRIBAL CHAIRMEN'S ASSOCIATION
P.O. BOX 2088
ALBUQUERQUE, N.M. 87103

Fort Peck Assiniboine Sioux Tribes
Age Distribution Report

	ON RESERVATION			OFF RESERVATION			ADJACENT RESERVATION			TOTALS		
AGE	MALE	FEMALE	TOTAL	MALE	FEMALE	TOTAL	MALE	FEMALE	TOTAL	MALE	FEMALE	TOTAL
45	10	18	28	16	20	36	2	3	5	28	41	69
46	15	10	25	18	13	31	1	1	2	34	24	58
47	19	24	43	17	17	34		1	1	36	42	78
48	12	9	21	10	20	30		1	1	22	30	52
49	8	11	19	11	12	23	1	1	2	20	24	44
50	10	7	17	16	24	40				26	31	57
51	14	4	18	11	25	36				25	29	54
52	14	12	26	8	17	25	1		1	23	29	52
53	10	9	19	11	9	20		1	1	21	19	40
54	5	7	12	6	15	21		1	1	11	23	34
55	9	12	21	11	7	18	1	1	2	21	20	41
56	12	11	23	9	26	35		1	1	21	38	59
57	7	9	16	5	9	14	2	1	3	14	19	33
58	6	11	17	7	8	15		3	3	13	22	35
59	12	5	17	11	5	16	3	1	4	26	11	37
60	4	9	13	6	13	19				10	22	32
61	7	7	14	11	11	22				18	18	36
62	16	3	19	6	10	16				22	13	35
63	15	5	20	6	15	21	1	2	3	22	22	44
64	4	6	10	4	6	10	1	3	4	9	15	24
65	6	6	12	3	7	10	2	2	4	11	15	26
66	5	11	16	5	7	12	1		1	11	18	29
67	4	5	9	5	6	11	1	2	3	10	13	23
68	1	4	5	3	6	9	1		1	5	10	15
69	4	3	7	1	4	5	1		1	6	7	13
70	3	3	6	6	5	11		1	1	9	9	18
71	2	3	5	1	5	6				3	8	11
72	2	4	6	3	2	5	1		1	6	6	12
73	3	6	9	3	2	5				6	8	14
74	2	4	6	2	4	6	1	1	2	5	9	14
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79	2	3	5	3		3				5	3	8
80		2	2	1	1	2				1	3	4
81	2		2	2		2				4		4
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84	2	1	3		1	1				2	2	4
85	1	1	2		1	1				1	2	3
86	1	1	2							1	1	2
87					1	1					1	1
88		1	1	1		1				1	1	2
89		1	1								1	1
91	2		2				1		1	3		3
92	1	1	2					1	1	1	2	3
94		2	2								2	2
95								1	1		1	1

CENTRAL AREA

Iroquois *(Smithsonian Institution, National Anthropological Archives)*

page 314 blank

NATIONAL INDIAN CONFERENCE ON AGING
NATIONAL TRIBAL CHAIRMEN'S ASSOCIATION

Name of Tribe/Alaskan Native Community/Indian Organization
MICCOSUKEE TRIBE OF INDIANS OF FLORIDA

Mailing Address POST OFFICE BOX 440021, TAMIAMI STATION
MIAMI FLORIDA 33144

Telephone (305) 223-8380

Name of person submitting this report PEGGY S. BARNETT

Title DIRECTOR, HEALTH DEPARTMENT

Date NOVEMBER 11, 1977

Number of persons in service population who are:

Between 50 and 55 (50) 55-60 (20) 60 and over (30)

Are you now receiving funding for services to the elderly?

( ) Yes (x) No

If yes, from what Agency?

( ) Tribe ( ) ANA (ONAP) ( ) Title XX (PSA) ( ) HUD ( ) CSA

( ) State Agency on Aging ( ) Area Agency on Aging

( ) Other (please describe)

What services are you currently providing for the elderly in your community?

( ) Housing ( ) Nutrition ( ) Senior Center (x) Transportation (including escort service)

(x) Homemaker, Laundry, Shopping, Housecleaning (cross out what does not apply)

(x) Security – patrol service, telephone reassurance

( ) Other (please describe)

What services for the elderly are most needed in your community? (Please describe)

Health Care Follow Up

(Over)

Have you tried to obtain funding for these services?

( ) Yes (x) No

If yes, from what agency? ______________________

What was the reason given for not funding your project? ______________________

____

____

ADDITIONAL COMMENTS:

PLEASE RETURN PRIOR TO NOVEMBER 18, 1977, TO:

NATIONAL INDIAN CONFERENCE ON AGING
NATIONAL TRIBAL CHAIRMEN'S ASSOCIATION
P.O. BOX 2088
ALBUQUERQUE, N.M. 87103

NATIONAL INDIAN CONFERENCE ON AGING
NATIONAL TRIBAL CHAIRMEN'S ASSOCIATION

Name of Tribe/Alaskan Native Community/Indian Organization Coushatta Tribe of Louisiana

Mailing Address Coushatta Tribe of Louisiana
P.O. Box 988
Elton, Louisiana 70532

Telephone 318-584-2242/2243

Name of person submitting this report Ernest Sickey

Title Tribal Chairman

Date 10-25-77

Number of persons in service population who are:

Between 50 and 55 (17) 55-60 (9) 60 and over (25)

Are you now receiving funding for services to the elderly?

( ) Yes (x) No

If yes, from what Agency?

( ) Tribe ( ) ANA (ONAP) ( ) Title XX (PSA) ( ) HUD ( ) CSA

( ) State Agency on Aging ( ) Area Agency on Aging

( ) Other (please describe) __________

What services are you currently providing for the elderly in your community?

( ) Housing ( ) Nutrition ( ) Senior Center ( ) Transportation (including escort service)

( ) Homemaker, Laundry, Shopping, Housecleaning (cross out what does not apply)

( ) Security – patrol service, telephone reassurance

( ) Other (please describe) __________

What services for the elderly are most needed in your community? (Please describe)

Nutrition, Senior Center, Homemaker, Housecleaning and Transportation

(Over)

Have you tried to obtain funding for these services?

(x) Yes ( ) No

If yes, from what agency? State and Local Agencies

What was the reason given for not funding your project? No funds available.

ADDITIONAL COMMENTS:

Our tribe does not currently have an existing program designed for the elderly and for several years we have tried through many sources in the state and have had no success.

I have previously written to your office concerning our situation and should be on file. You may use any portions you need for inclusion in your final report.

PLEASE RETURN PRIOR TO NOVEMBER 18, 1977, TO:

NATIONAL INDIAN CONFERENCE ON AGING
NATIONAL TRIBAL CHAIRMEN'S ASSOCIATION
P.O. BOX 2088
ALBUQUERQUE, N.M. 87103

EXACT COPY

June 30, 1977

Ms. Juana Lyon, Exec. Director
National Indian Council on Aging, Inc.
P.O. Box 2088
Albuquerque, New Mexico 87103

Dear Ms. Lyon:

Enclosed find our completed questionaire concerning elderly needs for our tribe. I have always advocated direct services to these select target group and feel that our present needs are not being met.

In Louisiana all funds are directed to the Bureau of Aging Services and they in turn work with Area Aging offices, in our case, Imperial Calcasieu Regional Planning and Development Commission for local direction.

Our first activity for services to our elderly was in the area of home repair funded by the Area Agency to the Allen Parish Council on Aging. This was a project amounting to about $1,500.00. This was our first program since the enactment of the Older Americans Act.

We feel we are not receiving the benefits as proposed by the legislation and do not agree in the process of funding to Indian people.

In our particular case we have only received housing repair funds as indicated earlier since 1965. We feel that programs designed for Indian people should be directed to the tribes directly and operated by the tribe as part of their service operation.

I feel there is not enough interest shown towards Indian people as we are only a small percentage of the total population. I hear and read daily of programs for the elderly all over the State of Louisiana and feel we should be involved in those same projects.

On the funding side I feel we should receive direct funding from AOA and not be faced with the three steps which are: (1) State Office, (2) Area Agency on Aging, and (3) Allen Parish Council on Aging. These processes are not necessary and provides multiple bureaucracy in funding priorities for our people.

In all of these areas I am not sure if we are receiving all of the funding information that is made available to group interested in Aging programs and it may be that we are aware of the full activities.

In this interest I invite you to our community for further discussion and planning for our elderly and sharing of your expertise in development of programs.

For your information I am enclosing a draft of the State Plan. I am sure the final document did not have very many changes.

I thank you for the opportunity of sharing these views with you.

Sincerely,

/s/ Ernest Sickey
Chairman

ES:bl

Enclosure

NATIONAL INDIAN CONFERENCE ON AGING
NATIONAL TRIBAL CHAIRMEN'S ASSOCIATION

Name of Tribe/Alaskan Native Community/Indian Organization
Mississippi Band of Choctaw Indians

Mailing Address Rt. 7, Box 21
Philadelphia, MS 39350

Telephone 601/656-5251

Name of person submitting this report s/s Calvin J. Isaac

Title Chief

Date 11-3-77

Number of persons in service population who are:

Between 50 and 55 (129) 55-60 (87) 60 and over (201)

Are you now receiving funding for services to the elderly?

(x) Yes ( ) No

If yes, from what Agency?

( ) Tribe ( ) ANA (ONAP) ( ) Title XX (PSA) (x) HUD ( ) CSA

(x) State Agency on Aging (x) Area Agency on Aging

(x) Other (please describe) CETA workers provide outreach and transportation to noon meals;
IHS employees do menus; Housing Officer (BIA contract) supervises.

What services are you currently providing for the elderly in your community?

(x) Housing (x) Nutrition (x) Senior Center (x) Transportation (including escort service)

( ) Homemaker, Laundry, Shopping, Housecleaning (cross out what does not apply)

( ) Security – patrol service, telephone reassurance

( ) Other (please describe)

What services for the elderly are most needed in your community? (Please describe)

The above programs have only started in the past two weeks and further assessment will be necessary on other needs.

(Over)

Have you tried to obtain funding for these services?

(   ) Yes   (x) No   Not any specific service.

If yes, from what agency? ________________________

What was the reason given for not funding your project? ________________________

ADDITIONAL COMMENTS:

PLEASE RETURN PRIOR TO NOVEMBER 18, 1977, TO:

NATIONAL INDIAN CONFERENCE ON AGING
NATIONAL TRIBAL CHAIRMEN'S ASSOCIATION
P.O. BOX 2088
ALBUQUERQUE, N.M. 87103

The Association of Aroostook Indians
Presentation to the National Indian Conference on Aging
June 1976

by Helen Ciganik

A SUCCINCT STATEMENT WHICH NARRATES THE DIVERSIFIED NEEDS OF THE ELDERLY OFF-RESERVATION INDIAN IN THE MOST NORTHERN COUNTY OF MAINE.

I. OVERVIEW

The AAI represents about 1158 off-reservation Indians in Aroostook County, Maine. The geographical area in which our population resides is comparable to the State of Connecticut in size. Our population is dispersed, making it difficult to adequately address the needs of our senior citizens. The cost of transportation is unusually high to meet the needs of the number of senior citizens we have within our population. Mobility is the vital factor for the many services that senior citizens need to survive. When an elderly person needs medical attention or desires transportation to a shopping area, they must have specialized, attentive service. Health care, shopping services, companionship, contact with local and state agencies, usually necessitate travel of at least ten miles each way for any of our senior citizens.

II. HEALTH CARE AND PREVENTIVE MEDICAL NEEDS

The need for an adequate, scheduled, transportation system is magnified by the relatively low income of our senior citizens or disabled. Many of our population desire to remain in their homes. However, they usually do not live in the immediate proximity of their families or friends. The need to socialize is distinct. However, this human need will only be met with adequate outreach services, recreation programs, and a coordinated transportation system.

The human body, like a finely constructed watch, needs regular (routine) and sufficient maintenance to remain in operating condition. Health care is necessary for a happy life. The Association of Aroostook Indians desires to assist its membership in receiving regular and prompt medical care. We desire to promote the dignity of maturity. However, the lack of programs for which the off-reservation Indian is eligible makes it very difficult for our elderly citizens to maintain their health.

Again, the relatively low income of the off-reservation Aroostook Indian is about $955.00 per capita. The lack of financial ability magnifies the challenge of providing health care services for the individual. The severity of the Aroostook winter, in duration and intensity, demands that a high percentage of net income be spent on heating. Many of these senior citizens presently live in sub-standard housing. Therefore, it is very expensive and sometimes impossible to maintain the dwelling at an adequate temperature. Money for medical attention simply does not exist in the winter months.

The home heating season is of eight months duration for full-time heating needs. For senior citizens, the cost of heating is increased because of the radiational cooling at night. We are attempting to reduce the cost of heating by insulating some of the homes and making their exteriors weather tight.

The cycle of poverty continues because families attempt to help their elders and deprive their own families in the process. The youth need every opportunity that can be afforded them. The pride of the Aroostook Indian usually does not allow him to seek welfare for the needs of his elders. We try to look after our own, however limited our resources might be. In perspective, we must also afford the individual youth the opportunity he desires to improve himself.

The number of Elderly Native Americans in Aroostook County is expected to increase in future years. The number of women in this group comprises the highest percentage. Some of these individuals are veterans of the armed services. We find ourselves dealing with the challenge of providing opportunities for a multitude of needs. The women may desire to be near their grandchildren. The senior veteran may desire to attend some of his organizational meetings, such as the American Legion. Many of the senior citizens desire to remain in their homes, however humble the dwelling may be. To them, it is still home! It is, in many instances, the area where they were raised.

The challenge of maturing is certainly not easily met by any individual. Poverty, and its relative afflictions, creates a situation that sometimes demeans the purpose of life. It, in some cases, robs the senior citizen of his dignity. The individual American, regardless of his race, creed, color, religion, or national origin, is given the right to a free and happy life by the Constitution of the United States. The question I desire to promote is: why are so many elderly American Indians deprived of the necessities of life after their productive years have ended? After all, we are the descendants of the first inhabitants of this Continent, and we deserve priority for program eligibility and consideration.

III. HOUSING NEEDS OF THE OFF-RESERVATION INDIAN

A variety of reasons contribute to the lack of safe, adequate housing for the elderly Native American in Aroostook County. The lack of program eligibility is one of the main reasons the Association has not been able to adequately address the housing challenge. At the present time we are not eligible for a U.S. Housing and Urban Development Block Grant. This creates a need for other avenues of assistance to rehabilitate existing homes and build new units. However, many of the present dwellings are not structurally sound enough to meet the rehab criteria. Therefore, the creation of new housing units is a primary objective. We are presently investigating programs and sources of assistance for housing construction.

The educational institutions in Aroostook county, both state and private, tend to create an artificial housing demand for much of the year. This influx of students raises the rents and sometimes lends itself to slumlording. Many apartments are not equipped for the elderly or the handicapped. The average apartment is a converted home with little or no allowance for individual handicaps. The U.S. Air Force Base at Limestone, which helps the overall economy of the County, creates a housing demand that is acute. The demand raises the rents and makes safe, standard housing difficult to find. Very little new housing has been built in recent years. The lack of financing at a reasonable rate of interest and the high cost of construction have discouraged many builders. This is true for both the individual unit and apartment complexes.

The construction of housing complexes for the elderly has been slow to start in Aroostook County. However, many units will be opened this year or are under construction. We foresee the availability of units to be a factor that will be considered in future planning efforts. The most predominant element that will hinder elderly Indians in occupying these new units is the rent factor. The requirement that a minimum rent be paid makes many of the Indian families, or individuals ineligible. The average rent is about $160.00 per month, which is generally reasonable for shelter in the year 1976. However, the Aroostook Indian does not make an average wage during his working years. His lack of opportunity follows him the rest of his life. The approximately $2000.00 it takes to rent adequate shelter is more than many of the senior citizens have for a yearly income. Therefore, it is partly the responsibility of the government to provide some means, such as a rent subsidy, that will enable our elders to live in a safe housing unit. It has been a miracle that more of our population have not died because of inadequate wiring and heating systems. The severity of the climate makes it an ever-present danger.

IV. ECONOMIC OPPORTUNITY AND FINANCIAL CONDITIONS

The lack of an economic atmosphere that is conducive to the career advancement of the individual Indian is an element, a vital factor contributing to the dire circumstances in which many of the elders live. The youth are possibly the most important asset we possess. Programs must be continued, advanced, and implemented that provide the individual Indian with the opportunity he needs to increase his earning power. With a respectable income in his productive years, the Indian will be able to provide for himself in his retirement years.

The economy of Aroostook County is primarily based on the potato industry. The need to harvest and transport the potatoes creates a migrant-seasonal labor problem. The economy demands that the area have a certain percentage of its people engaged in the seasonal economy. Therefore, the individual's income suffers and he is left without an adequate income for the year. Here again, the government must take action to meet this problem.

Programs that teach the individual to construct his own home, or make home improvements on existing structures, are needed. The Project Fuel program, which insulates homes and makes the home as weather tight as possible, is a start in the right direction.

Another perspective to be considered is the fact that it is cheaper, and more realistic, to provide adequate housing than it is to pay medical bills and other social services. The construction of housing generates work and creates a taxable structure within the community. It is a permanent improvement.

With the increasing Native American population, the challenge of providing for our senior citizens will increase. It will only be adequately met when the younger generations are given the opportunity to earn a living, become educated, and experience the necessities of food, shelter, and self-respect.

Possibly, we have started in the right direction, however, we need to more thoroughly assess the specific areas of need and have the people establish objectives to deal with the challenge of maturing.

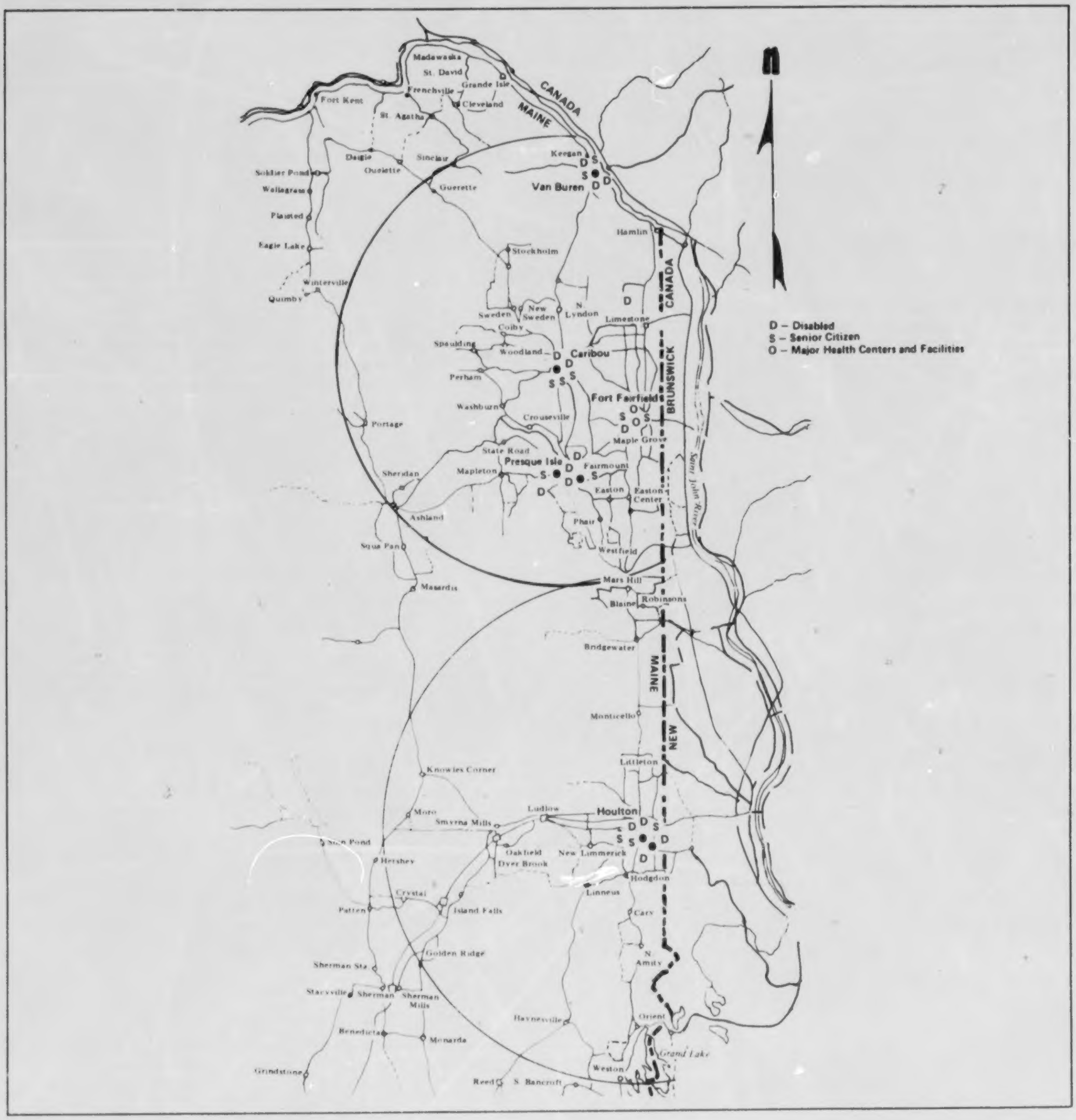
V. TRANSPORTATION NEEDS OF SENIOR CITIZENS AND DISABLED

The major medical, rehabilitation, and educational facilities are designated on the map which designates the location of the majority of the senior citizens and permanently disabled.

Again, we see such facilities located in the three population centers, and in no case in a municipality less than 5000 Population. This necessitates travel, or permanent location within reasonable commuting distance. As the map illustrates, many of the citizens in this category have chosen to locate in Houlton or Caribou. However, a certain percentage live with their able spouse, relatives, or desire to remain in their homes or rural environment. The need for transportation increases with the demand for specialized health or educational facilities. The desire and necessity for education or retraining is particularly valid with the under-age-fifty individual who is permanently disabled or limited in physical activity. Some of our population have suffered heart attacks in their middle age. This severely limits their ability to perform work, with ten or fifteen years left in the job market.

The need for socialization of the *senior citizens* is addressed in a program such as *senior citizen meals.* In other uses families lack adequate transportation to visit with their older family members. The desire of many senior citizens to seek an academic challenge is reflected in the tuition waiver granted those over age sixty-two. The percentage of senior citizens living alone is increasing. An adequate transportation system is vital for this group to maintain a functional degree of socialization.

Aroostook is largely a rural area. Many of its inhabitants, particularly Native Americans, desire to live on their land and in their own homes. A deep respect for one's environment is inherent among the Indian population.


N
CANADA
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BRUNSWICK
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Saint John River
Grand Lake
Madawaska
St. David
Grande Isle
Frenchville
Cleveland
Fort Kent
St. Agatha
Daigle
Ouelette
Sinclair
Guerette
Keegan
Van Buren
Soldier Pond
Wallagrass
Plaisted
Eagle Lake
Winterville
Quimby
Hamlin
Stockholm
Sweden
New Sweden
N. Lyndon
Limestone
Colby
Spaulding
Woodland
Caribou
Perham
Washburn
Fort Fairfield
Crouseville
Portage
Maple Grove
State Road
Presque Isle
Fairmount
Mapleton
Sheridan
Easton
Easton Center
Ashland
Phair
Squa Pan
Westfield
Mars Hill
Masardis
Blaine
Robinsons
Bridgewater
Monticello
Littleton
Knowles Corner
Ludlow
Houlton
Moro
Smyrna Mills
Oakfield
New Limmerick
Dyer Brook
Hershey
Hodgdon
Linneus
Crystal
Patten
Island Falls
Cary
Golden Ridge
N. Amity
Sherman Sta.
Stacyville
Sherman
Sherman Mills
Orient
Haynesville
Benedicta
Monarda
Weston
Grindstone
Reed
S. Bancroft
D
S
O
D – Disabled
S – Senior Citizen
O – Major Health Centers and Facilities

Statement of
Boston Indian Council, Inc.
105 South Huntington Avenue
Jamaica Plain, Boston, Mass. 02130

September 27, 1977

The Boston Indian Council, Inc., (BIC), Boston, Massachusetts, fully endorses and concurs with the recommendations proposed at the 1976 National Indian Conference on Aging held in Phoenix, Arizona.

With a limited amount of funding obtained in the last half year, the BIC instituted an Elderly Program that has had as its prime objectives the identification and assessment of needs of Boston's Native American Indian Elderly. Out of a population that is estimated at being nearly 4,000, thus far 27 Indian elders have been identified who are 60 and over. And because a Native American can expect to live up until age 47, the Elders Program was expanded to include those community members 50 years and older as well; 23 in the 50-59 age bracket were identified.

In a recently conducted survey, it was derived that our Elders suffer from the same problems as do Indian Elders from around the country. Statistics show that the Elderly, who number 5% of the total Indian population, succumb to tremendous problems with sickness, isolationism, and racism. Regrettably, efforts to communicate those services that provide health care, housing asistance, transportation services, nutrition programs, consumer advice, employment assistance, etc., have been ineffective, and for many, non-existent.

Because neglect is such an inherent problem for Native Americans residing in Boston, the problems of urban living are compounded. All have had to undergo a great degree of cultural shock in the transition from reservation to urban living. Language and cultural elements have cast the Indian on the outer limits of services provided indigent people. Native Americans, the majority being Micmac, are drawn to Boston with the hope of securing employment. The frustrations encountered and the inability to cope with city living have for many resulted in a sense of personal failure. For a large segment of our population therefore, alcohol tends to provide many with their only escape. The afore mentioned problems are characteristic of all Indian people; our elders live in the shadows of all this.

In order to define more clearly the problems and needs of Elder Native Americans in Boston, we shall now present data gathered since February of this year. At that time we were informed that a Title III Government Grant might possibly be available. A proposal was submitted and an award totaling $12,636 was secured.

1. **Problem - Financial Subsistence:**
   Very few Elder Indians have had meaningful employment in their lifetimes, we found that those between the ages of 50 and 62 were unemployed, unemployable in most instances, and oftentimes disabled. Many therefore have not participated in company retirement, income property, or investment plans. Their sole source of income has been Welfare or Social Security at a minimum level.

   Recommendation:
   Amendments must be made with regard to the Older Americans Act. The minimum entitlement age for Social Security and SSI income should be lowered for Older Native Americans with special clauses attached defining who is a Native American.

2. **Problem - Obtaining Health Services:**
   Language and low literacy/education levels make it extremely difficult for Native Americans to obtain Health Services. Most are unable to fill out forms for food stamps, SSI Medicare, Medicaid, clinic forms, etc. Subtle racism and non-Indian unawareness as to who we are and our needs prevent Indian people from obtaining proper health care as well. Many prefer to suffer than go through the agony and humiliation of getting services.

   Recommendation:
   Urban Indian Centers should be provided direct funding for Indian Health Care Services rather than funding being channeled through State and City agencies. Provisions should be made for Indian Health Centers. Not only would better and more reliable outgoing care be provided, but jobs would be created and incentives to get Indian youths interested in the health field could be established as well.

3. **Problem - Utilization of Local Elderly Programs/ Services:**
   Many elders, especially those in isolated surroundings, are unaware of service provided by local private and public agencies. Some are:

   A. Free Senior Shuttle bus
   B. Reduced Fares on all Transportation
   C. Discounts in food/merchandise stores
   D. Reduced taxi fares
   E. Legal Assistance
   F. Free Transportation to Clinics

Recommendation:

Special consumer education programs for the Elderly should be provided or mandated in existing programs (Again, we stress that such services should be provided those Native Americans in the 50 and older age bracket.)

4. **Problem - Transportation:**

As previously stated, our elders subsist on very limited incomes and because they are so dispersed throughout the city, many cannot afford or are physically unable to attend activities for the Elderly such as BIC's, Title VII, "Hot Meal" Nutrition Program. Many are living in high crime areas where they would risk personal injury were they to venture out alone. Another important consideration is the complexity of Boston's transportation system. As a result, the Elder prefers to remain at home even though all fifty Elders surveyed expressed a desire to attend the Elderly Programs activities.

Recommendation:

Transportation funds under Titles III and VII increased significantly to overcome crucial problems in this area. Each grantee must be provided at least one van and sufficient funds to employ at least one Bus Driver. This is imperative to carry on programs already started.

5. **Problem - Housing:**

Limited or fixed income necessitates living in sub-standard housing. Homes are often in need of repair, infested with insects, lack of adequate heat, etc. Indian Elders do not understand the complexities of a lease, tenant rights, appeal boards, and so forth. Many are reluctant to express their complaints for fear of reprisal and/or discrimination. City and State agencies tend to direct their services and outreach efforts towards larger minority populations. They tend to "Pass the Indian Elderly by."

Recommendation:

State and City agencies must be compelled to (1) assist elderly Native Americans with low income housing and (2) make special provisions in their supportive service program for Native American Elderly especially with respect to Housing Programs. Also, special allocations should be provided in grants to Native American Elderly Programs for Emergency Services, i.e. rent, utilities, etc.

Now, more than a year later, it is still apparent that there exists basic, unmet needs among the Indian Elderly, and it (is) imperative that remedial action be taken to ensure that even the most elementary needs are served.

Proposal for Program Services for Indian Township Elders
Indian Township Passamaquoddy Reservation
Princeton, Maine 04668

PREPARED FOR FUNDING FROM
NATIONAL INDIAN COUNCIL ON AGING
OCTOBER 29, 1976

I. BACKGROUND AND NEED

Indian Township Passamaquoddy Reservation is located in Washington County, New England's poorest and most geographically isolated county. This location means that the problems of the elderly and the problems of the Indians are more severe at Indian Township than in most communities. Basically the problems are:

1. Lack of Social Services.
   The closest community with health and social services is 34 miles away.
2. Lack of information about programs and services available.
3. Lack of experience in getting through red tape to receive services.
4. Isolation and alienation.
   This is due to the rural nature of the community and the fact that other programs provide activities and services for all segments of the community except the elders.
5. Decreasing status and usefulness.
   The Passamaquoddy culture has traditionally given an essential role to all its members. The introduction of programs, buildings, and activities has helped meet certain needs but has begun a trend towards white society's "solution" of isolating elders and or having programs full of "busy-work."

Therefore, this program is designed to meet these needs by establishing a position and program to provide services to Community Elders in three basic areas:

1. Social Services.
2. Recreation
3. Service to the Community.

II. THE PROGRAM

There will be a Program Coordinator who will regularly contact all Community Elders to determine on an individual basis, the needs and interest.

The Program Coordinator will organize and supervise three types of activities. In these three areas:

A. Social Services.

The Coordinator's general duties will be to get individuals connected to the specific social services agencies available to meet their needs.

In some cases there would be need to have Emergency Services proceeded directly (i.e., fuel on weekends, transportation to the Hospitals 35 miles away, etc.).

There would also be a Program of Education, especially Nutrition and Health Counselling. The approach would be by one-to-one counselling for cooking classes, for sugar-free diets, etc. This would meet both Service and Recreational needs.

B. Recreation

This program would provide activities for individuals as a group to do whatever they wish. It will include but not be limited to:

1. Art and Design.
2. Leather.
3. Beadwork.
4. Movies.
5. Trip to other Reservations, Museums, etc.

C. Service to the Community

More than anything else the Elders need to have strengthened their roles as valuable contributing members of the Community. The Coordinator will work with existing Agencies to find ways for the Elders to contribute to the goals and activities of the Community. Ideas to date are:

1. Have the Elders make items needed by the School. (i.e., costumes for Primary students)
2. Have Elders work in school, lessons or demonstrations.
   How to use tools.
   How to make baskets.
   How to make Medicine show.
   Nature walks.
   How to cook Native food.
3. Construction of Art objects for Tribal Buildings.
4. Serve as Resource individuals for Elementary School Historical and Community Studies.

BUDGET BREAKDOWN

I. Coordinator (may be two half-time positions)

Salary	$ 7,000
Fringe (10%)	$ 700
Travel	$ 1,000

II. Social Services	
Emergency Social Services	$ 1,000
Consultants (medical, nutritionist, health)	$ 2,500
III. Recreation	
Short-term Instructors/Leaders	$ 3,500
Supplies and Materials	$ 2,000
Trips (other Reservations, Museums)	$ 1,500
IV. Service To Community	$ 1,000
TOTAL	$20,200

Proposal for Program Services for Penobscot Nation Senior Citizens
Penobscot Indian Nation
Old Town, Maine

PURPOSE

The purpose of this proposal is to obtain the necessary resources for program development for Penobscot Indian Senior Citizens that would address critical needs facing the elderly; such as social and personal isolation, increased physical disabilities, loss of family and friends, and an increasing sense of powerlessness to determine their own destiny and life goals. The proposal will address two areas: the social and recreation needs of the Penobscot Seniors including social service programs for seniors, and support for self-determination activities; secondly, the development of home health care services for elderly citizens, and families.

NEED IDENTIFICATION

In the report PENOBSCOT INDIAN NATION: THE RESERVATION AND ASSESSMENT OF NEED prepared by the Penobscot Tribal Governor and Council in July, 1976 the tribal leadership's comments on senior citizens were... "The problems of isolation and loneliness must be addressed through a strong recreation program right here on the Reservation tailored to the needs and customs of our older people. So as to carry out both of these aims effectively, it is felt that the Penobscot Nation needs a combination nursing home/activity center." Because of the physical isolation of the reservation on an island in the Penobscot River, the lack of transportation, and until 1976, inadequate physical facilities for meeting social needs, the Seniors have had difficulty maintaining social and personal ties with friends in any kind of formalized way on the island. They have also faced tremendous hurdles and difficulties in holding relationships or using public and private services off of the island reservation. According to the January 1976 Tribal Census, there are well over 60 Seniors who are members of the nation living on the island who could use social and self-determination program services.

The Assessment of Need Report also commented on senior home confinement due to illness, or physical and mental disabilities: "Due to the lack of services, the Penobscot Elderly have not had available the daily assistance on an around-the-clock basis that many are in need of. This assistance would entail having help available for home cleaning, and maintenance, cooking, assistance in shopping, and nursing care for the sick." It is estimated that 15% of the seniors at any given time would be in a confined situation and require home health care services. Other health indicators for the seniors were given in the After Action Report of the 10th Special Forces Group as a result of a clinic held on the island in 1973: "High blood pressure was found in numerous people representing the older population. The biggest problem was a lack of understanding of the damaging long term effects of hypertension and the need for prolonged, continuous therapy."

PRESENT SITUATION

Penobscot Island Seniors meet three times a week for luncheon at the new Community Center Building. The meals are presently prepared by Meals On Me, Inc. a state sponsored program for the elderly. Until recently, the Penobscot Seniors had a program director provided by the University of Maine Extension Services, and in the past the seniors have taken trips and made social and cultural visits off of the reservation. Approximately 10-15 seniors attend these luncheons. By January 1, 1977 the Penobscot Nation will also have two bus/vans for serving island social and economic needs as a result of a Federal Department of Transportation grant. The seniors will have direct access to these vans either on a regular schedule or in arranging special visits and off-island events.

In October, 1976 the Island Medical Clinic opened for services to reservation residents under the direction of an Island Tribal Nurse, who is a highly experienced RN. Programs for shut-ins and for other clinics are just beginning. Clinics which include complete physicals are presently being run for all children from birth to age 21. The goals of these clinics are not only therapeutic but also preventative.

The Tribal Nurse is also planning to have educational programming that would have particular impact on seniors—addressing nutritional, diabetic, hypertension, arthritis and other chronic issues facing the senior population.

PROGRAM GOALS

The program goals are first to develop a process so that the Penobscot Senior Citizen's social and recreation needs may be further met, and secondly, that secondary and follow-up health care can be provided for shut-ins. The programs would include the following:

1. Social and recreation programs both on and off the Penobscot Reservation.
2. Educational and training programming on institutions and systems that impact the lives of seniors (health, social security, housing, transportation) including training on how the seniors can impact and change these systems on both personal and corporate basis.

3. Direct services to the shut-ins and house bounds by trained senior home health aide staff.

BUDGET

Resources—Personnel	**Annual Costs**
1 Senior Citizen Program Coordinator	$ 8,000.00
1 Home Health Aide	8,000.00
1 Home Health Aide (part time and emergency)	4,000.00
Fringe benefits (Social Security, unemployment compensation, medical insurance, etc.) —15%	3,000.00
Total personnel—	$23,000.00
—Administration	
Supplies, materials	$ 1,500.00
Resources people, consultants	1,200.00
Indirect costs	1,600.00
Total administration—	$ 4,300.00
TOTAL BUDGET	$27,300.00

EVALUATION

Evaluation of senior programs, and home health services will be conducted by the Penobscot Department of Health/Social Services. Both qualitative (consumer preference, consumer evaluation) and quantitative data will be collected and analyzed on a semi-annual basis.

NATIONAL INDIAN CONFERENCE ON AGING
NATIONAL TRIBAL CHAIRMEN'S ASSOCIATION

Name of Tribe/Alaskan Native Community/Indian Organization Penobscot
Indian Island Senior Citizens

Mailing Address P.O. Box 561
Old Town, Me.
04468

Telephone 207 - 827 - 7721

Name of person submitting this report Denise Gilman

Title Admin. Asst. Health & Social Services Dept.

Date Nov. 10, 1977

Number of persons in service population who are:

Between 50 and 55 (   ) 55-60 (   ) 60 and over (24) Not all of the Seniors participate.

Are you now receiving funding for services to the elderly?

(x) Yes (   ) No

If yes, from what Agency?

(x) Tribe (x) ANA (ONAP) (x) Title XX (PSA) (x) HUD (x) CSA

(   ) State Agency on Aging (   ) Area Agency on Aging

(   ) Other (please describe)

What services are you currently providing for the elderly in your community?

(x) Housing (x) Nutrition (   ) Senior Center (x) Transportation (including escort service)

(x) Homemaker, Laundry, Shopping, Housecleaning (cross out what does not apply)

(x) Security – patrol service, telephone reassurance

(   ) Other (please describe)

What services for the elderly are most needed in your community? (Please describe)

A Senior center, but we are now constructing a new building which will house a Senior Center.

(Over)

Have you tried to obtain funding for these services?

(x) Yes　　　　　(　) No

If yes, from what agency? Eastern Maine Task Force on Aging

What was the reason given for not funding your project? It's in the process of being funded.

ADDITIONAL COMMENTS:

PLEASE RETURN PRIOR TO NOVEMBER 18, 1977, TO:

NATIONAL INDIAN CONFERENCE ON AGING
NATIONAL TRIBAL CHAIRMEN'S ASSOCIATION
P.O. BOX 2088
ALBUQUERQUE, N.M. 87103

Central Area Conference on Aging
in cooperation with the
New York Iroquois Conference, Inc.
July 23, 1977
Niagara University
Niagara Falls, New York

SENIOR CITIZENS—MORNING SESSION

The Morning Session was open to all interested persons and was well attended and chaired by Mr. Allen Jemison of the Cattaraugus Reservation, beginning at 10:00 o'clock in the forenoon.

Mr. Jemison opened the meeting by introducing the guests present: Juana Lyon, Executive Director of the National Indian Council On Aging, and Mr. Martin O'Connell, of the New York State Office for the Aging, Albany, New York.

Mr. Jemison asked that some recommendation be made by the group for the Workshop to be held in the afternoon of that same day and gave several ideas as to substance to be presented. He stated that this would be the major way in which to make other people aware of their unmet needs regarding the programs followed during daily activities, at the Nutrition Sites and after leaving, while at home, or planning programs to follow through on while working or enjoying the Senior Citizen Program, in their respective areas. He stated that some people have worked in the planning of programs in their sites and, perhaps, an exchange of ideas among those present would be more helpful. Mr. Jemison suggested that a recommendation made by those persons present during the morning session would lay the groundwork for a goal or goals to come from the afternoon Workshop.

Both visitors, Juana Lyon and Martin O'Connell, contributed generously and assisted those present in a variety of ways, i.e., helped to lay the foundation for the needed recommendations to be presented during the afternoon Workshop, gave their own interpretations of procedures, both Federal and State, as to how to better the programs planned on the nutrition sites on and off the various reservations, methods in which programs could better serve the many different people who daily attend the nutrition sites and take advantage of all of the programs offered at the sites, including trips, etc.

There was a short discussion as to whether the problems presented by each individual at the meeting, or unmet needs listed, would relate to the Federal or State level, and Mr. Jemison suggested that this matter be taken up at the Workshop to be held in the afternoon.

Ms. Lyon presented a report on the National Indian Conference on Aging, sponsored by the National Tribal Chairmen's Association, which contains the recommendations made at that conference. Ms. Lyon reported that there were Indian people present at the conference representing 171 tribes, and each spoke on concerns relating to income, physical environment, physical well-being, legal problems, and legislation. She stated that funds left over from the conference are now being used to hold Area Conferences on Aging so that there would be an added opportunity for individuals to talk about their area and what changes or improvements they would like to see made.

Ms. Lyon stated that any specific problem or concern which any senior citizen might have must be documented so that it may be presented to the Federal representatives or anyone in the position to assist them. Ms. Lyon added that the areas of physical environment and physical health will be covered at the 1978 National Indian Conference on Aging. She spoke on the subject of direct funding from the federal to the tribal level and stated that this could only be accomplished through legislation. She indicated that funding would be sought on the basis of need rather than per capita count, and a formula must be devised in order to determine amounts of allocations.

Mr. Jemison interjected that "we should stimulate some movement by the people to do things for the elderly in their communities. Some of the tribes are not participating in Indian Federal programs, thereby robbing themselves of the benefit of the existing funds".

Mr. Joe Poodry stated that the Tuscaroras and Onondagas passed a resolution stating that they would have nothing to do with the Bureau of Indian Affairs. He further stated that they have used some federal funding. He also indicated that "we would do better by working directly with the State of New York". He added that "I would like to investigate the possibility of seeing if New York State would contract for a grant from the State to fund and research the areas that do not want federal funding".

Mr. Jemison stated that this would be the decision of each group if it would like to go that way. This should be recommended to the Iroquois Conference, since they meet four times a year.

There was a question directed at Mr. Jemison as to whether he thought himself capable of administering small programs. He replied in the positive and maintained that the Iroquois Conference should make a recommendation.

Mr. Jemison asked the question, whether the Confederacy could give backing regarding a contract with the state, and the reply was that only the Tuscaroras and Onondagas were involved. Mr. Jemison stated that two State Senators in the Buffalo area have been in contact with him regarding this area of concern.

The question was asked as to what was the major concern of these two tribes who did not want Federal funding, and the reply was that taxation is the basic concern by the tribal people, they are afraid of being taxed. A discussion took place regarding this concern. Mr. Jemison asked, on what basis was the tax case lost in the courts, whether it was on a federal or state basis, and Mr. Poodry stated that their major concern is taxes being levied when working in a private industry, i.e. working in Buffalo or one of the larger cities. The concern was not working on the reservations and being taxed, but off the reservation.

Mr. Jemison stated that he could not see nor understand why the Indian Confederacy is concerned so much with taxes. The main thrust now is what can be done for the senior citizens of our communities. He stated that he thought no alternatives should be forced upon anyone, and if there is no choice made, then it is up to the individual alone. Mr. Jemison urged that, if communities can act in an autonomous way, then perhaps they could run their own programs. It was suggested that Mr. Jemison look into this, and he said he would.

It was mentioned that there were about 15,000 Native Americans living in the metropolitan area of New York City who are not benefitting from the services of the Senior Citizens Act (sic). The question was asked, why is this prevalent among urban Indians, and what can be done about it? Mr. Jemison stated that he would possibly have an answer within two months. He added that something has to be done immediately. There was a question as to whether this could come within the guidelines of Title VII, and the answer was in the negative.

The question came up as to whether or not the Iroquois Conference could be the body to provide the support instead of the tribal council, and the answer was that it has to be the decision of the council. Mr. Jemison stated that, if anything was to result from the workshop, some recommendation must be presented this afternoon at the workshop concerning the responsibilities of the Iroquois Conference, Inc.

The meeting recessed at 12:10 P.M. to resume at 1:30 P.M. for the workshop.

WORKSHOP

The afternoon session began at 2:10 p.m.

Mr. Allen Jemison was appointed to be Chairperson for the Workshop. Guests present were Juana Lyon, Executive Director, National Indian Council On Aging, and Mr. Martin O'Connell, New York State Office for the Aging, Albany, New York, who contributed immensely to the workshop progress and aided the people present in making decisions and resolutions.

Juana Lyon had asked in the morning session that statements of unmet needs of Senior Citizens and any recommendations for remedial action be submitted by those present. There were none submitted in writing, however, many suggestions and resolutions were made in the Workshop conducted in the afternoon.

There were 20 Senior Citizens at the Workshop. The main theme of the Workshop was: "Indians Serving Indians". The question was raised, why non-Indians were placed in charge at the different Indian Nutrition Sites and planning programs for the senior citizens in their respective areas, and there was no definite answer, with the exception that the Senior Citizen Program was comparatively new to all, and some were still in the learning process. There was more progress made by certain groups, while other groups needed prodding.

Juana Lyon introduced the visitors from other areas, such as North Carolina, Florida, Maine, etc. These people contributed much to the meeting and made reports as to how their programs work and suggestions on how to stimulate more interest.

Mr. Martin O'Connell, of the New York State Office for the Aging, presented material concerning programs for the aging operated under his Office's auspices. He explained in detail the role, scope and function of his agency which is located in Albany, New York.

Mr. O'Connell stated that he would like to hear about the needs of older Indians as perceived by those present and take a look at these things on a national level. He stated that the first National Indian Conference on Aging was held last year to discuss and make recommendations on the needs of older Indians and indicated that the needs then discussed may be the same ones seen as unmet by those present. He explained that these needs should be discussed and understood by every member and then recommendations should be made. He said that the exchange of ideas would be an important function of this meeting. He asked the question: "How many of you here know about the Older Americans Act?" He explained the basic intent of the Act which was to help older Americans to live in their own homes or other places of residence as long as possible. This Act was passed in 1965, amended in 1973 and again in 1975. Not many of those present knew of this Act or its benefits.

Mr. O'Connell went on to express what the Act offered to the older citizens and how it could possibly apply to the lives of those present. He indicated that there was special consideration for Native Americans in this Act. This Act mandates the provision of those types of services which would allow older Americans to stay in their homes and prevent unnecessary entry into "old peoples' homes". He explained that Title III was the part of this Act which permitted the establishment of Area Agencies on Aging on the reservations. Area Agencies are established to plan for and provide services for older people to keep them in the mainstream of society. In general, the Older Americans Act was designed to help older citizens participate in all facets of community living. Among services provided by the Area Agency on Aging would be help in getting Social Security and other benefits. The agency would be there to help the older people solve their problems. Mr. O'Connell stated that there are too many older people who are not informed about the Older Americans Act and the benefits derived therefrom.

Mr. O'Connell said that the idea was to have Area Agencies set up in areas where every senior citizen could utilize them. He indicated that some of the older people who are isolated and wasting away can have their lives changed by these area agencies. The agencies operate on limited funding but their services can be extended through use of volunteers and other resources in the community. The Area Agency can provide for nutritional needs, transportation, and other needs of older persons. He stated that, through the CETA and Green Thumb programs, employment and jobs can be provided which in turn help change the living patterns of many older persons.

He cited one example of an older woman living on a Reservation near the Canadian border, who was assisted by the local Area Agency on Aging. She had been living alone when she was found by the Area Agency, and they started to take care of her nutritional, transportation and other needs. They got her a telephone, and she started to come into the senior center. This woman's life was turned around, and she is now a volunteer in the program, herself. This program according to Mr. O'Connell, "has done wonderful things, has not taken anything from the older people and is not asking for anything from them." He indicated that, on the St. Regis Reservation, in addition to the Area Agency on Aging, there is a Title VII site, which has helped tremendously with the nutrition and other needs of the older persons. Participation in these programs demands no obligation and rights are not infringed upon. Mr. O'Connell stated that there were Area Agencies and Title VII programs throughout the entire United States.

In the initial round of Title IX (Older Americans Act) funding in New York State, $40,000 was allocated to the Seneca Nation of Indians for the development of jobs and the employment for older persons. Mr. O'Connell further stated that a separate action plan for serving older Indians at the state level was established two weeks ago which would provide opportunity for representatives of each Indian tribe in the State of New York to review the New York State Plan on Aging, which outlines all future plans for aging programs in the State. He added that a very comprehensive program has been planned for FY 78 and that it had been sent to Governor Carey and AoA for approval.

Mr. O'Connell stated that the State Agency will provide opportunity for representatives of each Indian Tribe in the State, as well as the State Indian Agency, to go over the State Plan before it is submitted to the Governor; every Area Agency with an Indian Tribe in its area will assure that older Indians will receive benefits equivalent to those provided to non-Indian older persons. He went on to say that, in addition, every year, every Area Agency has to submit its area plans for approval to the State Office. Where feasible, Indian agencies will be selected to provide services to other Indian tribal members. Where Indian agencies are not able to provide services, qualified non-Indian agencies will provide services to the Native Americans.

Violet Francis stated that they have a program on their own reservation (Penobscot, Maine). She said, "I started, five or six years ago, a senior citizens group and then from that I attended staff meetings three times a week. Some of the meals are original Indian food. I am site manager. We want our own meals cooked on our reservation, we want our own cook, and we want the cultural food back which we have not had for a considerable period of time. (People complained about food being prepared by non-Indians living off the reservation.)

Mrs. Francis stated that there was quite a bit of bad food and quite a bit of complaining by the people who attend the nutritional sites. She stated that their food now comes from Bangor. They are trying to obtain a grant to get their own site, their own cook and their own facility on the reservation. She said that some of the boys from the reservation would like to go hunting this Fall and perhaps give them some deer meat. She said that a lot of the food from Bangor is being prepared far in advance, and this makes the food very cold by the time the senior citizens receive it. This, she said, does not fall within the state or federal regulations.

Mr. O'Connell said that the food transported should not be transported more than 30 miles from the point of preparation. One day a week, the St. Regis reservation senior citizens receive their own traditional food, Mr. O'Connell pointed out. Mrs. Francis added that there were certain needs, such as help for the hard of hearing people, etc., and that there was no additional money coming in to fix or furnish the building for those purposes. She went on to say, "we have been shut off from the funding previously granted".

Juana Lyon stated that there was a great deal of money going to the States under Title XX which is doing nothing, generally, to assist the Indian people. She said that less than 1% goes to older citizens. Indian people should make sure that they receive the same benefits that the non-Indian population have access to.

Mr. O'Connell stated that his agency would like more direct contact with every tribe within the boundaries of the State of New York. Mr. O'Connell then discussed ways in which senior citizens could benefit from the Area Agencies in all facets of their lives and gave an overview of allocations given to all Indian tribes within the State of New York. The question was asked, where to get the matching funds each agency has to pay. The answer was that these monies come from the County and other sources, for the most part.

Juana Lyon then told about the work of the National Indian Council on Aging with the Commissioner on Aging. She read the Resolution which was adopted by members of the Board of Directors of the National Tribal Chairmen's Association at a meeting held on June 22nd, 1977, on the subject of direct funding of Aging programs to Indian tribes. She stated that an amendment to the Older Americans Act could provide that Indian tribes have the choice of working directly through Washington on the federal level or through the State government. Indian people have a special relationship with the Federal government, and the Federal government has a commitment to provide services for

Indian people. If funding is obtained directly from the Federal government, then Indian people would have more flexibility in running programs in their own areas. Those tribes which are receiving funding from the State can choose to stay with the State, but it should be their own choice.

Ms. Lyon went on to recommend that funding for programs serving the Indian elderly should not be based just on a count of heads, but, beyond that, on conditions of special need.

Mr. Jemison asked for recommendations from the floor and/or resolutions in formal form. The following motions were made and seconded and passed by all present:

Motion was made by Mr. Stillman Cook and seconded by Mrs. Helen Jacobs that: The New York Iroquois Conference, Inc., endorses the resolution of the National Tribal Chairmen's Association pertaining to the legislative effort made by the National Indian Council on Aging. The motion passed unanimously.

Mr. Joe Poodry made a motion that the recommendation on Page 26 of the Summary Report on the National Indian Conference on Aging be changed to read as follows: "5. (b) All United States Indians (and Alaska Natives) of ¼ or more degree of Indian blood be issued I.D. cards by the Bureau of Indian Affairs, and a system should be established to enable them to receive free medical aid anywhere in the United States; this should include both reservation and urban Indians *upon becoming Senior Citizens*." (Emphasized portion was added to the original recommendation.) The motion was seconded by Mr. Stillman Cook and passed unanimously.

Mr. Allen Jemison made a motion that the Iroquois Conference, Inc., attempt to place someone on the Advisory Committee to the New York State Office for the Aging, and on the Older Americans Act Advisory Committee, as an Indian Representative, as soon as possible. This motion was seconded by Mrs. Alberta Donnelly and passed unanimously.

Ms. Norma Kraus from the Lieutenant Governor's Office, who was present, asked for any names submitted for the above representation so that she could act on the resolution immediately.

Joe Poodry discussed the changes which should be made by the federal government as to the minimum eligible age of Indian Senior Citizens. He asked if the people present thought it would be a good idea to seek the help of the B.I.A. or the Indian Health Service and if they would like the tribal council to take this matter up with the BIA. A show of hands indicated a positive response, and he said that he would be happy to see if this could be done.

Mr. Jemison stated that he would like to hear from every area, from every reservation involved in the different programs discussed at the workshop. He realized that there was not sufficient time given but felt that a lot had been accomplished.

Juana Lyon stated that the Indian tribes of Arizona and New Mexico are beginning to work together on a state level. An Arizona Indian Council on Aging has been formed. She recommended that a New York State Indian Council on Aging, or one for the Iroquois Conference Inc., be formed.

Mr. Jemison inquired of Mr. O'Connell if there was anything specific within the State Office for the Aging which could assist the Iroquois Conference, Inc. to establish programs within the Indian tribes in the State of New York. Mr. O'Connell answered that there were two state level advisory councils which could be helpful if the Indian people were represented on them. He urged the people present to either call or contact the Governor's Office directly, or write letters to the Governor's Office, indicating that there is a need for an Indian representative on these councils.

At this point in the Workshop, some of the visitors from other out-of-state reservations made comments regarding their own progress and needs which, to some extent, were very similar to those already presented by the New York Indians.

Helen Jacobs (Cherokee, North Carolina) stated that, if a consortium of Indians was formed, this would enable more things to be accomplished, rather than a small group of people trying to do this on its own.

Clarence Francis (Penobscot, Maine) stated that he would like to see more of the type of work done that Juana Lyon has been able to get started and is still doing for the Indian Senior Citizens. Violet Francis asked Juana Lyon if she could ask the Director of their Area Agency to write her so that she may be advised of their own building site. Mrs. Lyon answered in the affirmative and suggested that Violet Francis bring this to their forthcoming Wisconsin meeting.

There was a consensus that, if the Indian People worked together, more could be accomplished. Another item discussed was the allocation and appropriation of monies for the different sites. All participants felt that not enough money was allocated by governmental agencies to cover the unmet needs.

Mrs. Esther Blueye from the Tonawanda Reservation stated that their site had been incorporated recently and that this allows more benefits to come into their site. Mr. Stillman Cook agreed with Mrs. Blueye and stated that the St. Regis Group is also incorporated. He advised that all of the groups incorporate in order to receive all possible benefits for their program. The legal aspect of incorporation was discussed, and Mr. Cook suggested that an insertion be put into the contracts stating, "non profit sharing". It was also reported that the senior groups in the Canadian area are allowed one-half fare on public transportation.

An overview was given by Juana Lyon of the activities and objectives of the National Indian Council on Aging. There was also a discussion of the recommendations made at the 1976 conference and the input that was needed for this meeting.

Betty Mae Jumper (Seminole, Florida) said that persons from age 50 were served in their program, which includes helping the elderly go on trips. Mrs. White from the St. Regis Reservation reported that the Home Health Care program was very helpful to everyone at their site.

Both Mr. Martin O'Connell from the State Office on Aging and Juana Lyon, Executive Director of the

National Indian Council on Aging, were very helpful and advised any person present that they could, at any time, contact them for any assistance in bettering or changing their Senior Citizens' status, and this atmosphere was prevalent throughout the Workshop. The Indian people were serving Indian people, surely without any reservation!

The meeting in the forenoon, as well as the workshop in the afternoon, were enjoyed by every person present, the atmosphere conducive to a teaching and learning process through which everyone benefitted.

The meeting adjourned at 4:25 p.m.

Recorder: Leona E. Collins

Alvina Mofsie (Winnebago, New York City), Member, National Indian Council on Aging, representing New York urban Indians

Akwesasne Office for the Aging
Hogansburg, New York
Stillman T. Cook, Director

Progress Report

The Akwesasne Senior Citizens organized as a Social Club in 1971. Fourteen people met and formed the Club. They met in members' homes at first and, as the Club grew, they met in church halls and the Library and any place they could. In 1974, Stillman Cook was elected President of the Club. The ladies of the Club did this in hopes of attracting more participation from men. Their most cherished dream by this time was to have a place of their own to meet in, set up quilts to work on, ply their handicrafts and socialize.

The Mohawk Tribal Council approached the Club with the proposal that they sponsor an Office for the Aging on the Reservation, and perhaps something good might come from that. They agreed and started incorporation proceedings. A lawyer donated his services to see that the necessary steps were carried out, and we obtained a tax exempt number (any governmental program does not pay sales tax, and unless an exempt number is obtained, an organization might have to pay the tax out of its treasury.) A Budget and Plan stating goals and objectives for one year was submitted to Albany and approved. Franklin County, where we are located in New York State, agreed to take us under their wing and show us the ropes (for 10%, of course) and we started.

In August of 1975, Stillman Cook was given the job as Coordinator of the Office for the Aging. The Mohawk Housing Committee got us two Flood Control Mobile Homes, and Stillman rolled up his sleeves and went to work. With the help of a Green Thumb Worker, he remodeled those two trailers into a kitchen, an office, and a dining area and rest room.

The budget called for $30,000 under Title III of the Older Americans Act and $17,500 under Title VII of the same Act. (Title III is used for administration of programs and Title VII is the Nutrition Program.) Title III bought office equipment, tables, chairs and paid Stillman's salary. Title VII bought kitchen equipment. We used the two stoves that came with the trailers, and we used one of the refrigerators and kept one of the bathrooms in place. We asked in the newspapers and other places for donations of dishes and silver. People Stillman worked with before he retired from Eastman Kodak staged a collection and came up with a carload of dishes, silverware, coffee pots and some pans for us. Some people from the southern part of the state came up with some more of the same type of things, and we were in business.

The original proposals suggested we be set up to serve meals to 25 elderly five days a week. The Office opened for business on August 11, 1976, and the Nutrition Program served its first meal on January 12, 1976. We served 38, including one home delivered meal.

Well, it took off from there. From 1/12/76 to 12/31/76 we served 12,219 people a hot nutritious meal at noon. Each participant is asked to make a donation for his meal. $.75 is considered a good guideline (it costs $1.13 each) but each one puts his donation in an envelope and drops it into a box with a slot in the top so that nobody knows how much or how little anybody else donated. This way, if I only have a nickle today, I do not miss dinner, and I am not embarrassed because I am short of money.

The first part of the month, the donations are heavy and then, at the end of the month, the donations are very slim. Our people appreciate the food and the fellowship so much that they donated $9,252.88 over the period 1/12/76 to 12/31/76. This donation money allows them to understand this is not a Welfare program, and the money is put right back into the program. We do receive surplus food from the Department of Agriculture.

Each year, a Budget and Goals and Objectives Plan is submitted for the next year. A timetable is set up for the achievement of each goal and then, at the end of each year, each site is evaluated by the State. In June of 1976, Albany (State Office for the Aging) decided to make us an Area Agency, which would enable them to fund us directly from Albany without going through Franklin County. This gave us more money to use for Title III, and we deal directly with the State Office with all our problems, not to mention saving the 10%.

We became the first Indian Reservation east of the Mississippi to become an Area Agency. We have just completed our first year as an Area Agency and have enjoyed it very much. The cooperation from Albany has been first rate. The Nutrition Program is still under the auspices of Franklin County, but we may change that and go it alone one of these days. We have menus that incorporate traditional Indian food along with good nutrition. More than half our people have diabetes, some light cases and some very heavy cases. Our menus are sort of slanted to take care of diabetics.

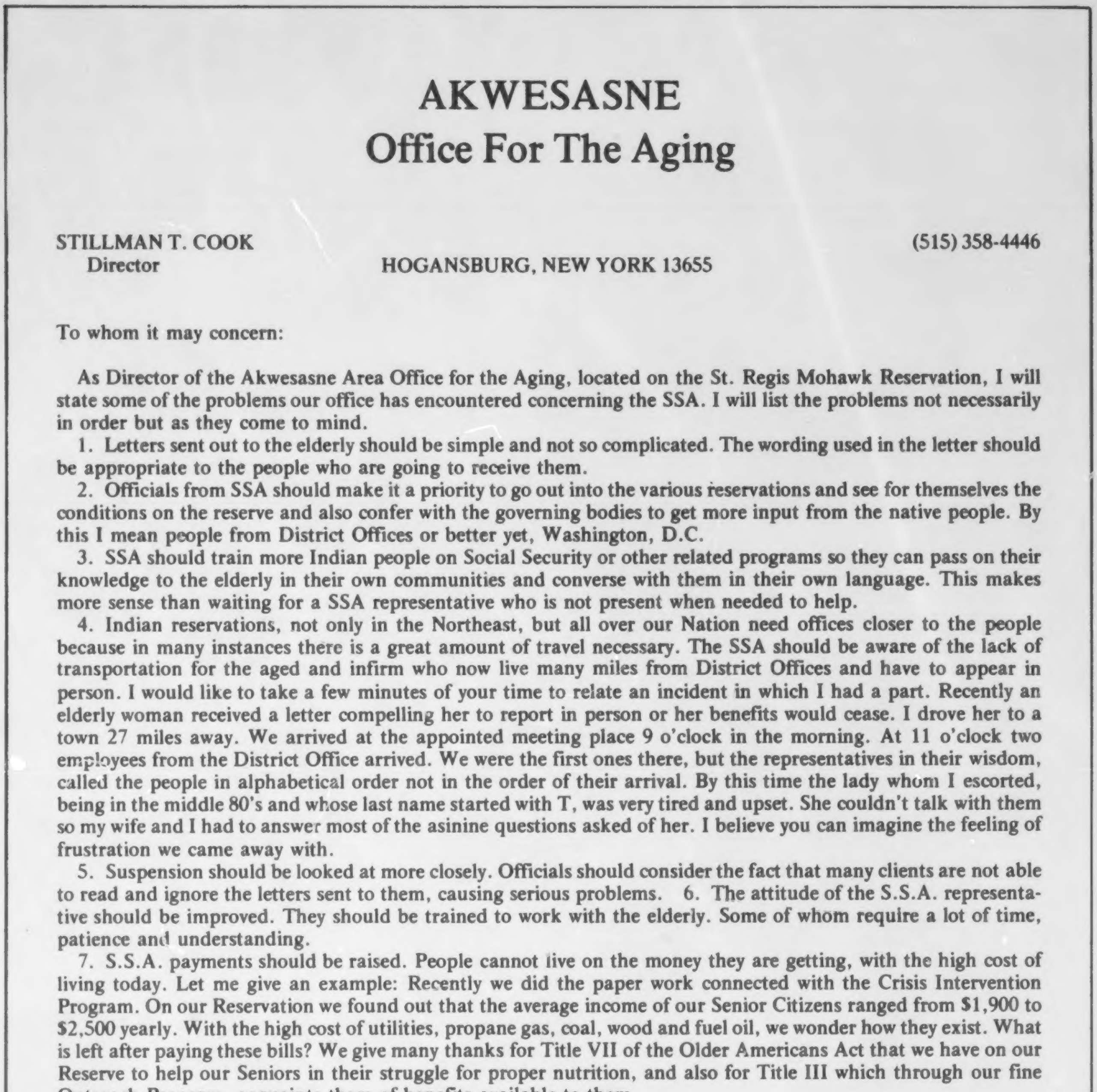
Obviously, we were very crowded in our two trailers, and there still was no place to play cards, or make things, or see a movie, so the Mohawk Tribal Council invited us to share a new building they were going to build. They said we could have part of the basement. After much discussion about the dampness and darkness of a basement and the assurances that the building would be built carefully, so that these factors would be solved, and the fact that our beloved trailers were deteriorating rapidly under such heavy use, the Senior Citizens agreed to move in.

We pay $200.00 a month, and all utilities are included, and heavy maintenance is included, too. We have an area 140' long and 25' wide. We have an office, a lounge, a storeroom, a fine kitchen, rest rooms for both sexes, and a large dining room, where we can seat 100 people or more. Our opening day, we served 84.

We have craft classes each week, brought to us by North Country Community College. These are held in our Center, and we can leave our supplies right here. Our Senior Citizens can get any level education, free. About 86 have learned to read and write their names in English, where they had to make an X before. It is like being reborn. The experiences we have had and the satisfaction gained from watching forgotten elderly become active and fun again are enough to fill another book.

Jane Cook
Volunteer Worker
at the Akwesasne
Office for the Aging

EXACT COPY



AKWESASNE
Office For The Aging

STILLMAN T. COOK
Director
HOGANSBURG, NEW YORK 13655
(515) 358-4446

To whom it may concern:

As Director of the Akwesasne Area Office for the Aging, located on the St. Regis Mohawk Reservation, I will state some of the problems our office has encountered concerning the SSA. I will list the problems not necessarily in order but as they come to mind.

1. Letters sent out to the elderly should be simple and not so complicated. The wording used in the letter should be appropriate to the people who are going to receive them.
2. Officials from SSA should make it a priority to go out into the various reservations and see for themselves the conditions on the reserve and also confer with the governing bodies to get more input from the native people. By this I mean people from District Offices or better yet, Washington, D.C.
3. SSA should train more Indian people on Social Security or other related programs so they can pass on their knowledge to the elderly in their own communities and converse with them in their own language. This makes more sense than waiting for a SSA representative who is not present when needed to help.
4. Indian reservations, not only in the Northeast, but all over our Nation need offices closer to the people because in many instances there is a great amount of travel necessary. The SSA should be aware of the lack of transportation for the aged and infirm who now live many miles from District Offices and have to appear in person. I would like to take a few minutes of your time to relate an incident in which I had a part. Recently an elderly woman received a letter compelling her to report in person or her benefits would cease. I drove her to a town 27 miles away. We arrived at the appointed meeting place 9 o'clock in the morning. At 11 o'clock two employees from the District Office arrived. We were the first ones there, but the representatives in their wisdom, called the people in alphabetical order not in the order of their arrival. By this time the lady whom I escorted, being in the middle 80's and whose last name started with T, was very tired and upset. She couldn't talk with them so my wife and I had to answer most of the asinine questions asked of her. I believe you can imagine the feeling of frustration we came away with.
5. Suspension should be looked at more closely. Officials should consider the fact that many clients are not able to read and ignore the letters sent to them, causing serious problems. 6. The attitude of the S.S.A. representative should be improved. They should be trained to work with the elderly. Some of whom require a lot of time, patience and understanding.
7. S.S.A. payments should be raised. People cannot live on the money they are getting, with the high cost of living today. Let me give an example: Recently we did the paper work connected with the Crisis Intervention Program. On our Reservation we found out that the average income of our Senior Citizens ranged from $1,900 to $2,500 yearly. With the high cost of utilities, propane gas, coal, wood and fuel oil, we wonder how they exist. What is left after paying these bills? We give many thanks for Title VII of the Older Americans Act that we have on our Reserve to help our Seniors in their struggle for proper nutrition, and also for Title III which through our fine Outreach Program, acquaints them of benefits available to them.

I thank you for the opportunity to comment.

Sincerely,

/s/ Stillman T. Cook
Director

STC:gt

NATIONAL INDIAN CONFERENCE ON AGING
NATIONAL TRIBAL CHAIRMEN'S ASSOCIATION

Sponsored by: St. Regis Mohawk Tribal Council

Name of Tribe/Alaskan Native Community/Indian Organization
Akwesasne Area Office for the Aging

Mailing Address Box 246
Hogansburg, New York
13655

Telephone 1-518-358-4446

Name of person submitting this report Stillman T. Cook

Title Director

Date 11-4-77

Number of persons in service population who are:

Between 50 and 55 (96) 55-60 (81) 60 and over (306)

Are you now receiving funding for services to the elderly?

(x) Yes ( ) No

If yes, from what Agency?

( ) Tribe ( ) ANA (ONAP) ( ) Title XX (PSA) ( ) HUD ( ) CSA

(x) State Agency on Aging ( ) Area Agency on Aging

( ) Other (please describe) In-kind funds from the Campaign for Human Development Fund, Ogdensburg, NY & Bertha Koempel Foundation, NYC, NY

What services are you currently providing for the elderly in your community?

(x) Housing (x) Nutrition (x) Senior Center (x) Transportation (including escort service)

(x) ~~Homemaker~~, ~~Laundry~~, Shopping, Housecleaning (cross out what does not apply)

(xx) Security ~~patrol service~~, telephone reassurance

(x) Other (please describe) We do the interviewing and paper work for the elderly, concerning Social Security, S.S.I., etc.

What services for the elderly are most needed in your community? (Please describe)

We need a central low-income housing project for our elderly people.

(Over)

Have you tried to obtain funding for these services?

( ) Yes ( ) No

If yes, from what agency? In the process & planning stage.

What was the reason given for not funding your project? ______

ADDITIONAL COMMENTS:

We are writing proposals to obtain a communication system for our isolated elders. This system will enable them to be in contact with our office and the Director's home 24 hours a day. The system will consist of a home base in both the office and the Director's home and CB units in the homes of Seniors living alone. This will aid in the struggle against the rising crime rate to the Elderly.

We urgently need your support for direct funding from A O A office in Washington and for easement of in-kind funding, especially for low income Tribal Councils and reservations throughout the United States and Alaska. Not all of them have monies for that purpose.

Those figures on the number of Indians served can be raised by 50% as many of them are not on our rolls on the American side of the reservation. They are on Canadian rolls.

PLEASE RETURN PRIOR TO NOVEMBER 18, 1977, TO:

NATIONAL INDIAN CONFERENCE ON AGING
NATIONAL TRIBAL CHAIRMEN'S ASSOCIATION
P.O. BOX 2088
ALBUQUERQUE, N.M. 87103

NATIONAL INDIAN CONFERENCE ON AGING
NATIONAL TRIBAL CHAIRMEN'S ASSOCIATION

Name of Tribe/Alaskan Native Community/Indian Organization
Seneca Nation of Indians

Mailing Address RFD # 1
Irving, NY 14081

Telephone 716-532-5030

Name of person submitting this report Allan Jemison

Title Director, Planning Office

Date 11-17-77

Number of persons in service population who are:

Between 50 and 55 ( ) 55-60 ( ) 60 and over (300+)

Are you now receiving funding for services to the elderly?

(x) Yes ( ) No

If yes, from what Agency?

( ) Tribe ( ) ANA (ONAP) ( ) Title XX (PSA) ( ) HUD ( ) CSA

(x) State Agency on Aging (x) Area Agency on Aging

( ) Other (please describe) Green Thumb
Indian Health Service, Senior Aides Program

What services are you currently providing for the elderly in your community?

( ) Housing ( ) Nutrition ( ) Senior Center (x) Transportation (including escort service)

(x) Homemaker, ~~Laundry~~, Shopping, Housecleaning (cross out what does not apply)

( ) Security – patrol service, telephone reassurance

( ) Other (please describe)

What services for the elderly are most needed in your community? (Please describe)

Nutrition Program

Security - Patrol Service

(Over)

Have you tried to obtain funding for these services?

(x) Yes ( ) No

If yes, from what agency? State Office for Aging

What was the reason given for not funding your project? Proposals pending

ADDITIONAL COMMENTS:

The elderly need subsidies or reduced utilities rates because of the high rate and above average cost of fuel in the northeast.

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ALBUQUERQUE, N.M. 87103

NATIONAL INDIAN CONFERENCE ON AGING
NATIONAL TRIBAL CHAIRMEN'S ASSOCIATION

Name of Tribe/Alaskan Native Community/Indian Organization Indian League of the Americas, American Indian Community House - New York, N.Y.

Mailing Address Bklyn, N.Y. New York, N. Y.

Telephone

Name of person submitting this report Alvina Mofsie

Title Member of National Indian Council on Aging, Central Area

Date Nov. 16, 1977

Number of persons in service population who are:

Between 50 and 55 ( ) 55-60 ( ) 60 and over (75)

Are you now receiving funding for services to the elderly?

☐ Yes ☐ No not directly

If yes, from what Agency?

☐ Tribe ☒ ANA (ONAP) ☐ Title XX (PSA) ☐ HUD ☐ CSA

☐ State Agency on Aging ☐ Area Agency on Aging

☒ Other (please describe) American Indian Community House of New York, N.Y.

What services are you currently providing for the elderly in your community?

☐ Housing ☐ Nutrition ☒ Senior Center 49+ Club. ☒ Transportation (including escort service)

☐ Homemaker, Laundry, Shopping, Housecleaning (cross out what does not apply)

☐ Security – patrol service, telephone reassurance

☐ Other (please describe) 49+ Club organizing for elderly.

What services for the elderly are most needed in your community? (Please describe)

Housing, Health care.

(Over)

Have you tried to obtain funding for these services?

(   ) Yes   (x) No

If yes, from what agency? ______________________________

What was the reason given for not funding your project? ______________________________

____

____

ADDITIONAL COMMENTS:

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P.O. BOX 2088
ALBUQUERQUE, N.M. 87103

NATIONAL INDIAN CONFERENCE ON AGING
NATIONAL TRIBAL CHAIRMEN'S ASSOCIATION

Name of Tribe/Alaskan Native Community/Indian Organization 11-12-77

Mailing Address Eastern Band of Cherokee Indians
Cherokee
North Carolina 28719

Telephone 704 297-2771 e.g. Phones available in numerous offices as: Planning, L&O, CAP, CETA, U.S.P.H.S. programs etc.

Name of person submitting this report Frell M. Owl

Title Tribal member

Date 11.10-77

Number of persons in service population who are:

Between 50 and 55 ( ) 55-60 ( ) 60 and over ( ) See attached chart.
Population area includes 5 counties

Are you now receiving funding for services to the elderly?

(x) Yes ( ) No for residents in Swain and Jackson counties

If yes, from what Agency?

(x) Tribe ( ) ANA (ONAP) ( ) Title XX (PSA) ( ) HUD ( ) CSA

(x) State Agency on Aging ( ) Area Agency on Aging

(x) Other (please describe) BIA provides limited housing repair for elderly. Labor provided by U.S. Dept. of Labor; Housing by HUD.

What services are you currently providing for the elderly in your community?

(x) Housing (x) Nutrition (x) Senior Center (x) Transportation (including escort service)

( ) Homemaker, ~~Laundry~~, Shopping, ~~Housecleaning~~ (cross out what does not apply)

( ) ~~Security~~ ~~patrol service, telephone reassurance~~

(x) Other (please describe) Home Visitor

What services for the elderly are most needed in your community? (Please describe)

Service involving Home Care, to include cleaning, personal care. There is a community need for an intensive care NURSING HOME to care for Indians and non-Indians. There aren't enough Indians needing nursing home care to justify construction of a home for Indians. An average from 6-10 persons normally need intensive care.

(Over)

Have you tried to obtain funding for these services?

( ) Yes (x) No

If yes, from what agency? A private concern has shown some interest in constructing a nursing home on the reservation to be used by needy persons.

What was the reason given for not funding your project? No definite plans have been formulated for a nursing home either by private enterprise or Federal agencies.

ADDITIONAL COMMENTS:

Attached is a map showing all lands owned by the Eastern Band of Cherokees. Observe how groups of Cherokees live on tribal land located in five counties. Those who live in the Andrews, Murphy, Robbinsville area are located from 40 to 60+ miles from the main body of Cherokees. Limited services are provided to the elderly, Indian or non-Indians. Recently nutrition programs have been established in Andrews and Murphy. Indians living in the area of these projects are eligible to participate in the programs if they desire.

Attached also is a pamphlet containing a statement of Chief John Crowe. The Eastern Band of Cherokees has had a long relationship with the State of North Carolina. The Tribe operates its government under a Charter issued to the Band by the state. It would be unwise to consider direct grants to the Tribe as services are available to the Cherokees from North Carolina.

Services available to approximately 90 senior citizens at Cherokee:

- A daily nutrition program five days each week.
- Two senior service busses transport elderly to nutrition daily.
- Two senior service busses transport senior citizens to nearby towns for shopping three days weekly.
- Senior citizens refinish furniture at the Civic Center, using chairs, settees furnished by a N.C. State school. Items belong to worker following refinishing under an instructor provided by a local Technical Institute.
- Senior citizens have access to materials to be used in refinishing items.
- Senior citizens needing transportation to hospital or to doctors secure such service either from busses or Cherokee Home Representatives.
- Eastern Band of Cherokee senior citizens will be eligible to occupy a home. Currently under construction is a Community Center for the Elderly to be composed of 20 houses and a community center. This unit is located on land belonging to the Tribe. It is a short distance to the Cherokee Hospital and to shopping areas.
- BIA has repaired a number of homes owned by the elderly.

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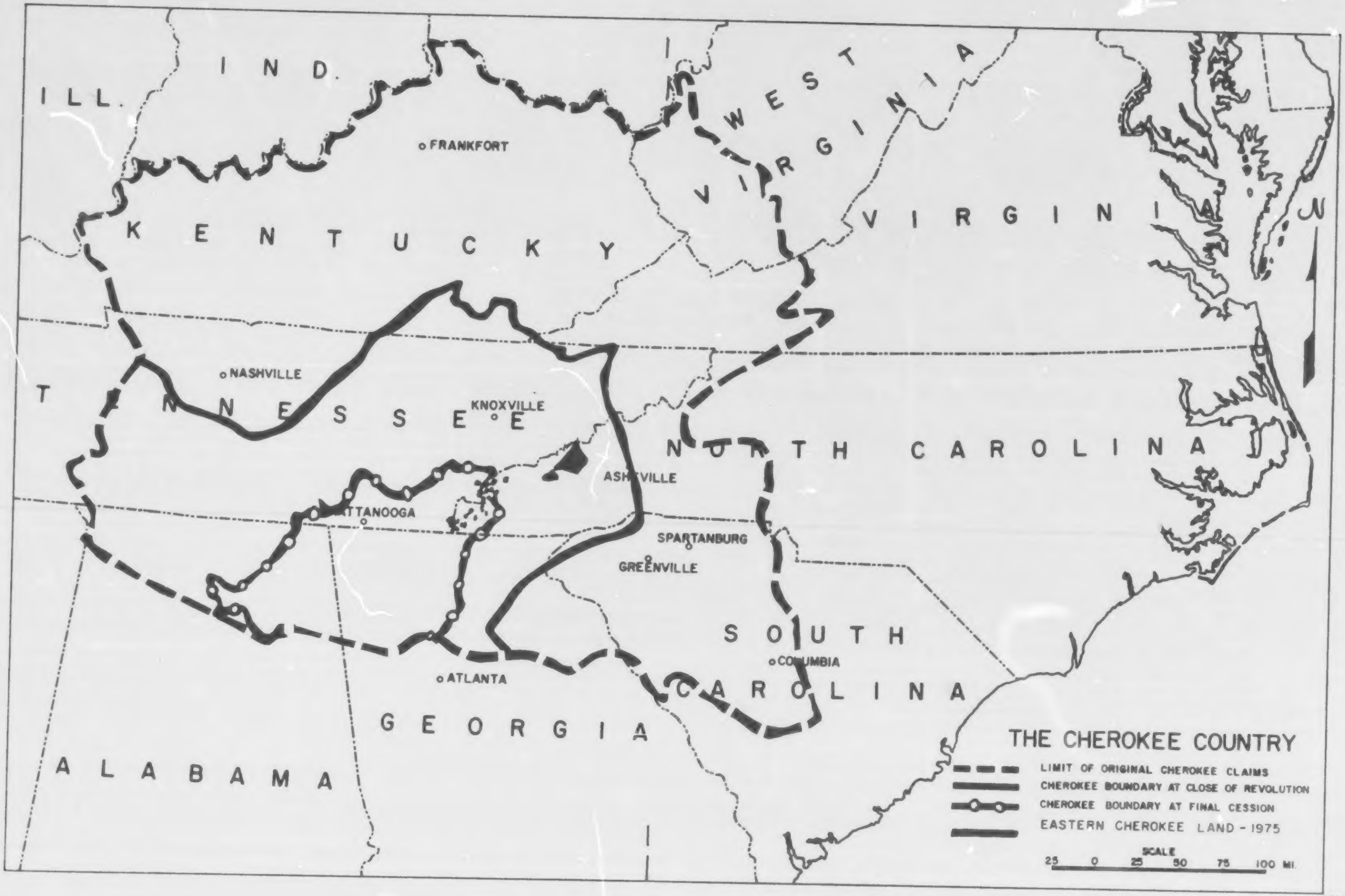
NATIONAL TRIBAL CHAIRMEN'S ASSOCIATION
P.O. BOX 2088
ALBUQUERQUE, N.M. 87103


THE CHEROKEE COUNTRY
LIMIT OF ORIGINAL CHEROKEE CLAIMS
CHEROKEE BOUNDARY AT CLOSE OF REVOLUTION
CHEROKEE BOUNDARY AT FINAL CESSION
EASTERN CHEROKEE LAND - 1975
SCALE
25 0 25 50 75 100 MI.
ILL.
IND.
KENTUCKY
FRANKFORT
WEST VIRGINIA
VIRGINIA
TENNESSEE
NASHVILLE
KNOXVILLE
CHATTANOOGA
ASHEVILLE
NORTH CAROLINA
SPARTANBURG
GREENVILLE
SOUTH CAROLINA
COLUMBIA
ATLANTA
GEORGIA
ALABAMA
N

NATIONAL INDIAN CONFERENCE ON AGING
NATIONAL TRIBAL CHAIRMEN'S ASSOCIATION

Name of Tribe/Alaskan Native Community/Indian Organization
Senior Citizen's Nutrition Program

Mailing Address P O. Box 427
Cherokee, N.C. 28719

Telephone 497-4471

Name of person submitting this report Gladys R. Griffin

Title Project Director

Date 10-28-77

Number of persons in service population who are:

Between 50 and 55 ( ) 55-60 ( ) 60 and over (256)

Are you now receiving funding for services to the elderly?

(x) Yes ( ) No

If yes, from what Agency?

( ) Tribe ( ) ANA (ONAP) ( ) Title XX (PSA) ( ) HUD ( ) CSA

(x) State Agency on Aging ( ) Area Agency on Aging

( ) Other (please describe)

What services are you currently providing for the elderly in your community?

( ) Housing (x) Nutrition (x) Senior Center soon to be completed (x) Transportation (including escort service)

limited (x) Homemaker, Laundry, Shopping, Housecleaning (cross out what does not apply)

( ) Security – patrol service, telephone reassurance

( ) Other (please describe)

What services for the elderly are most needed in your community? (Please describe)

Domestic assistance, financial assistance, Health Services and recreational services, I feel these are top priorities.

(Over)

Have you tried to obtain funding for these services?

( ) Yes (x) No

If yes, from what agency? ____________________

What was the reason given for not funding your project? ____________________

ADDITIONAL COMMENTS:

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NATIONAL TRIBAL CHAIRMEN'S ASSOCIATION
P.O. BOX 2088
ALBUQUERQUE, N.M. 87103

JUNEAU AREA

OLD ESKIMO WOMAN.

Eskimo (Smithsonian Institution, National Anthropological Archives)

EXACT COPY

ALASKA NATIVE HEALTH BOARD

RESOLUTION: 77-06

WHEREAS, the needs of the elderly have always been of priority concern to the Natives of Alaska, and;

WHEREAS, in the past the elderly provided us with their wisdom and advice, and;

WHEREAS, the elderly deserve the right to continue on with dignity and honor, and;

WHEREAS, the Alaska Native Health Board recognizes the problems of aging;

NOW THEREFORE BE IT RESOLVED, that the Alaska Native Health Board will endeavor to work for the improvement of the current conditions of the elderly.

BE IT FURTHER RESOLVED, that the Alaska Native Health Board endorses the National Indian Council on Aging in their endeavors and offers their total support.

CERTIFICATION OF RESOLUTION

I hereby certify that the foregoing is a full, true, and correct copy of the resolution adopted by the members of the Alaska Native Health Board at a meeting of said, duly and regularly called and held on the *15th of September, 1977*, at which a quorum was present and voting and that said *77-06* resolution has been spread upon the minutes of said meeting and is now in full force and effect.

/s/ Ethel M. Gonzales
Ethel M. Gonzales—Chairman

ATTEST:

/s/ Marlene Johnson
Marlene Johnson—Secretary

The Health Status of Alaska's Native Aging and Aged Population

by

Laura M. Bolesta, MPH Candidate
University of Hawaii at Manoa

August 1977

PURPOSE

The health needs of old people are now a matter of concern in all industrialized and developing countries.[1] Very little work has been done in Alaska to document the health needs of the Native aging and aged population. With an increasing emphasis throughout the United States on the problems and concerns of the older population, practitioners in the Alaska Area Native Health Service have realized the need for information about their own aging and aged Native people. It is for this reason that I was asked to complete a project documenting the health problems of the Alaska Native aging and aged people.

PREFACE

Health needs of the elderly may be defined by programmers, by professionals (Doctors, Nurses, Medical Social Workers, Gerontologists) who work with the elderly, by researchers, or by old people themselves.[2] Program planners tend to define needs in terms of their own disciplines and, when asked, old people tend to define their needs in terms of the services available to them. When comparing the "medical models" of health assessment (physical exams) with old people's self-assessment, they rarely match, but both should be considered and examined closely when painting an overall picture of their health. These differences usually result from a different definition of health.

It is not within the scope of this project to interview the older native people in Alaska, or to screen them. It is the focus of this paper, however, to present demographic information on the aging and aged Native Alaskans* and data gathered on diseases and disease trends, reasons for admission to Native hospitals, leading causes of death, for social and mental health service visits, and other statistics pertinent to the older Alaskan Native, in the hopes that it will serve as a data base for health problem definition and prioritization of health needs for this target population.

It is hoped that, in addition to this data, attempts will be made to integrate with it, native aging and the aged people's own health need definition and prioritization.

HEALTH CARE IN ALASKA

Health care delivery to Alaska people presents a real challenge. The size, geography, and climate of Alaska results in unique barriers to the delivery of Health care to the state. Alaska is 586,000 square miles in size, which equals three States of Texas. The distance east to west, from Ketchikan in the southeastern panhandle, to Shemya on the tip of the Aleutians, equals the distance from Charlestown, South Carolina, to Los Angeles, California. Large areas of Alaska are covered by high mountains, influencing climate, demography, and development. There is one railroad in the state, and essentially no roads in the areas where most of the Natives live. This, along with severe climatic conditions, directly impedes transportation and communication.

Alaska has a total population (1974) of 341,000 people, approximately 18% of whom are Native Alaskans. The Alaska Native Claims Settlement Act enrollment estimates that 65,000 Natives reside in the state, the aboriginal ethnic groups comprise: Eskimos (approx. 37,000); Indians (approx. 21,000); and Aleuts (approx. 8000). The Indians (Athapascan, Tlingit, Haida, and Tsimpshean) are believed to have crossed over from Siberia and to have moved inland and southward, the Eskimos settling along the northern and western coastal regions, and the Aleuts choosing the Aleutian Islands stretching 900 miles westward from the Alaska Peninsula[3] (see Table I). Natives, we see, occupy different areas of the state. They are quite different from one another, in culture, lifestyle, and language. Health status and health delivery are directly affected by these variations.

Whereas gold brought many new people to Alaska at the turn of the century, fishing is now the state's leading industry. The Trans-Alaska pipeline is now completed and is expected to bring a flood of dollars to the state. The impact of the oil pipeline and gas pipeline potential will have a tremendous effect on the economy of the state.

The Native Claims Settlement Act of 1971 is extremely important for the Native people and has three major provisions: money, lands, and the recognition and organization of Alaska Native Corporations. The Native Corporations are becoming increasingly important in services to their own people, including health care services.

A common factor of this widely divergent Native population is their major source of health care, the Alaska Area Native Health Service (Indian Health

---

*The term aging and aged Natives refers to those 45-59 and 65+, respectively, and coincides with the Indian Health Service definition of their aging population.[1]

Service, Public Health Service, Department of Health, Education, and Welfare). The AANHS is responsible for providing, directly or indirectly, comprehensive health care to all Alaska Natives of the state. They also provide care to non-Natives living in remote areas where no other health facilities are available. The goal of AANHS is to elevate the health status of the Native people to the highest possible level.

Consumers share in the planning, implementation, evaluation and policy making for this system through the Native Health Boards. The cooperation and coordination of the military, the State Health Department, and private clinicians contribute to the health care of this population.

The harsh climate, scattered population, inadequate housing, substandard water and sanitation facilities, poor nutrition, and poor transportation and communication create health problems of serious magnitude for the Native population and make delivery of health care complex. The Alaska Native Health Service has divided the state into seven service units (see map, this page) to deal most effectively with these conditions.

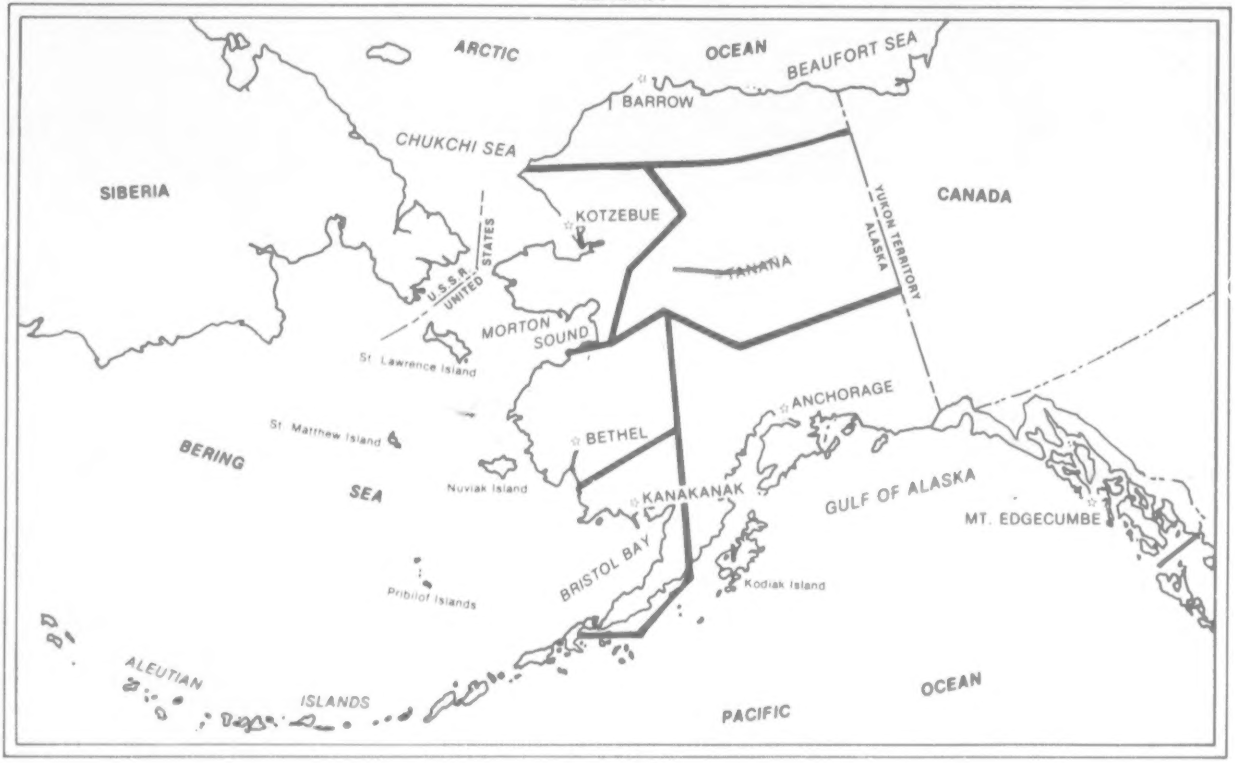
A hospital serves as the Service Unit headquarters and is the center from which all services radiate to all communities within its boundaries. Although similarly administered and organized, the service units have unique features. (See Table II). The Alaska Native Medical Center in Anchorage serves as a referral center for the outlying areas for specialty services. The Service Units vary according to population and needs, but provide at least general hospital care, dental services, medical social work and mental health services, preventive services, environmental health services, and field health services.[4] As the general health of the Natives has improved, the emphasis has shifted from the hospital to the village setting.

In the village, the source of primary health care is the community Health Aide. The Health Aide, usually a resident of the village, is chosen by the village council. He or she is trained to provide basic health care under the supervision of a physician based at the Service Unit hospital. There are approximately 171 villages with aides (the villages have populations of 25-900 people with an average of 150), some have more than one, depending on the population and need; the total number of aides is 215.[5]. The Health Aides keep medical logs and use radio traffic to the Service Units. They have proven to be invaluable in delivering health care to the village setting. In 1955, when tuberculosis was treatable by ambulatory medicine, it was distributed to the aides in the villages, drastically changing the course of T.B. in the State.

DEMOGRAPHY OF THE AGED IN GENERAL

The present concern for the health needs of older people reflects in part the growth of the aged population. In 1975 the elderly (65 +), numbering 22 million in the United States, comprised 10.3% of the total

SERVICE UNITS
ALASKA


ARCTIC
OCEAN
BEAUFORT SEA
BARROW
CHUKCHI SEA
SIBERIA
KOTZEBUE
CANADA
YUKON TERRITORY
ALASKA
U.S.S.R.
UNITED STATES
TANANA
MORTON SOUND
St. Lawrence Island
ANCHORAGE
St. Matthew Island
BETHEL
BERING
SEA
Nuviak Island
KANAKANAK
GULF OF ALASKA
MT. EDGECUMBE
BRISTOL BAY
Pribilof Islands
Kodiak Island
ALEUTIAN
ISLANDS
OCEAN
PACIFIC

population. In developing countries, the 65+ age group comprises 3-4% of the population (which is comparable to the U.S. in 1900). The number and percent of the elderly in the developing countries is expected to rise. It is estimated that if the recent declines in the birth rate continue, by the year 2,000 people over 65 in the U.S. will comprise 15% of the population. This significant proportion of our population presents a challenge to those providing health care for this growing target group. No longer can we ignore the impact of this group on our health care system.

ALASKA'S NATIVE AGING AND AGED POPULATION

Alaska's Native Population in 1975, (64,072)* comprised 18.5% of the total Alaska population. The aging (45-59) Native population represented 9.5% of the population, with the 60+ group accounting for 5.8%. (See Table III). The 65+ group was 3.9% of the Native population. This significantly low proportion of older people reflects, in part, the high birth rate which is double that of the U.S. population (see Table IV), but probably more importantly, the low health status of the Native population and the high death rate of the 1950's. It is interesting to note, though, that the percentage of Natives over 60 has remained constant since 1939.

ALASKA NATIVE AGING AND AGED POPULATION PERCENTAGES

	%45-59	%60+	%65+
1970	9.5%	5.8%	3.7%
1960	8.8%	5.4%	3.7%
1950	7.9%	5.4%	3.8%
1939	8.8%	5.8%	3.7%

The projected population for the year 2000 for the aging (45-59) Native is 9,440 and 5,740 for the aged (60+). With increased life expectancy and better health care, the percentage of older Natives is bound to increase.

Sixty-two (62) percent of the aged Natives live in three Service Units: Anchorage, Bethel, and Mt. Edgecumbe, with the remainder distributed in the less populated Service Units: Barrow, Kanakanak, Kotzebue, and Tanana. While the older Native population is small, it is widely scattered and culturally varied.

Residence. The average length of residence in Alaska for Native elderly is 66.2 years. The average age (for the 60+ age group) is 68.2 years. Ninety-three (93) percent of the Native elderly have resided in the state for 60 or more years. The average length of residence in the home community is 42.1 years.[6]

Education. Alaska's Native elderly have completed, on the average, 5 years of formal schooling. This is compared with the non-Native elderly of Alaska 11.2 average years of schooling.

Income. Elderly Natives have received an average income of approximately $1,800 during 1970, with 50% of the Native elderly receiving incomes under $2,000. Non-Native elderly of Alaska averaged $6,900 and about 50% had incomes under $4,000, significantly higher than that of Natives.

Insurance. Thirty-four (34) percent of the Native elderly (60+) are covered by Medicare, compared with 65.3% for non-Native. This could be because Natives have PHS health care and also because they may be "too proud" to apply for Medicare, or just that they don't know how, or it is too complicated and difficult to apply. Twelve (12) percent of the Native elderly have life insurance, while 48% of the non-Native 60+ does.[6]

Housing. Native elderly households have an average of 3.3 rooms while non-Native elderly homes average 4.2. Native elderly homes have an average of 3.85 people living in them, compared with the 2.15 persons per non-Native homes. The overcrowding of the Native elderly homes is important in that such homes become fertile grounds for the transmission of communicable diseases.[7]

Causes of Death. Comparisons of the leading causes of death between Alaska Native and the U.S. population are shown in Tables V and VI. If the Native Alaska population's death rates for 1960 and 1970 are examined, a shifting pattern is seen. Accidents rank number one for both years, with influenza and pneumonia and diseases of early infancy, respectively, the second and third leading causes of death for 1960, while heart disease and malignant neoplasms took over the second and third spots for 1970. It is also interesting to note that alcoholism as a cause of death rose to the fifth spot in 1970, and increased from 4.6 per 100,000 (in 1960) to 41.4 (in 1970).

Diseases of early infancy dropped dramatically, from 129.9 (in 1960) to 29.6 (in 1970). The tendency is for the ranking of Alaska Natives' deaths to line up with the general U.S. population, although accidents will probably remain number one for Alaska Natives.

The 1976 causes of death for Natives show the ranking close to that of 1970, with small increases in alcoholism, suicides, homicides, a decrease in influenza and pneumonia deaths, and rather substantial increases in the rates for heart disease and malignant neoplasms.

When comparing the Alaska Native population with the U.S. population (see Table V), we find that the accident death rate is much higher for Natives (199.4 per 100,000) compared with U.S. (57.2). The death rates for heart disease (73.0) and malignant neoplasms (67.1) are much lower than the U.S. rates, (364.5) and (157.2) respectively. Vascular lesions of the CNS are significantly lower also, and deaths due to alcoholism much higher. We must be very careful when comparing rates of such a large population with a small one and do so for comparison only.

If we focus in on the age groups of Natives from 45-64 and 65+ we see that the causes of death for the first age group differ from the U.S. ranking considerably. Accidents again rate number one for

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*See Table III

Alaska Natives in this age group, while heart disease takes the lead for the U.S. When we compare the three leading causes of death for the 65+ age group, we find that the Alaska Natives' ranking coincides with the U.S. ranking.

Life Expectancy (See Table VII)

Life expectancy of Alaska Natives at birth in 1960 was 60.4 years, compared with the U.S. 69.89, a 9.5 year difference. In 1970, the Native life expectancy rose to 62.8, while the U.S. rate rose to 70.9, now a 8.1 year difference. The Native Alaskan has an approximate 8 years less life expectancy than does the population in the total U.S. It is interesting to note that, if a Native lives to age 65, he or she has 14.6 years expected left to live, which compares closely with the U.S. population expectancy at 65, 15.5 years, a 1 year difference.

Leading Reason for Hospitalization (see Table VIII)

The leading reason for hospitalization by diagnosis for 1976 for the aging (45+) group was accidents and injuries, followed by alcohol misuse, malignant neoplasms, influenza and pneumonia, arthritis, upper respiratory problems, and cataracts. When ranked for the 65+ age group, malignant neoplasms took over the diagnosis lead, followed by accidents and injuries, cataracts, influenza and pneumonia, urinary tract infection, ischemic heart disease, and upper respiratory problems.

Leading Cause of Outpatient Visits (see Table IX)

It should be noted here that the leading causes of outpatient visits are counted by total visits in the first table. This includes revisits by the same people, and is not a count of people, but an account of numbers of visits for a specific diagnosis. The second table shows leading causes of outpatient visits by first visits only, and is more accurate for leading diagnosis.

The leading diagnosis (outpatient) for the 45+ age group is hypertensive followed by upper respiratory infection, accidents and injuries, diabetes mellitus, alcoholism, and refractive error. This is contrasted by the total diagnosis of all age groups ranking: upper respiratory problems, accidents and injuries, hospital med/surg. follow-up, prenatal care, acute otitis media, physical examinations, hypertensive disease, tests only, refractive error, and well child clinic. When ranked by the 65+ age group, we find hypertensive disease, upper respiratory problems, and congestive heart failure taking the top spots.

Another interpretation of this table is in percentages of total diagnosis to our target group. The 45+ age group takes up 73.6% of all hypertensive diagnosis, 74.7% of diabetes mellitus diagnosis, 55.9% of rheumatoid arthritis, 90.6% of congestive heart failure diagnosis, and 91.3% of ischemic heart disease diagnosis.

A more accurate picture of leading diagnosis for 45+ in outpatient visits may be found by looking at the ranking of leading causes of outpatient visits by first visit only. In the 45+ age group, upper respiratory problems rank number one, followed by accidents and injuries, hypertension, refractive error, alcoholism, eczema, urticaria and skin allergies, osteoarthritis, urinary tract infection, conjunctivitis, and neurosis. The ranking of the 65+ age group leads with upper respiratory infections, accidents and injuries, hypertensive disease, refractive error, urinary tract infection, eczema, urticaria and skin allergies, conjunctivitis, and neurosis.

Leading Workload by Body System (see Table X)

When inpatient diagnoses are ranked according to total body systems, the Native age group of 45+ has accidents rating number one, with the digestive, respiratory, circulatory systems following, then eye disease and mental disorders taking fifth and sixth places. When ranked according to the 65+ age group, the circulatory system takes the number one spot, followed by respiratory disease, eye disease, neoplasms, diseases of the respiratory system, then accidents.

Leading Causes of Social Service and Mental Health Visits

These visits are recorded for patient contacts other than those in the hospital setting. For the State as a whole, 28% of the social and mental health service visits were for the 45+ age group, and 9% were for the 65+. The 45+ age group represents 15% of the population, while those over 65 comprise 3.8% of the population. The leading reasons older Native people visited these services were acute physical illness, physical disability, chronic physical illness, financial needs, alcohol misuse, and transportation problems.

HEALTH PROBLEMS ASSOCIATED WITH AGING

In order to examine the unique health problems of this target group of older people, it is important to review the changes that take place with the aging of the human body, so that we will have them fresh in our minds in order to develop a framework in which to view the Native older people.

The health status of older people shows extreme variability. Poor health should not be necessarily associated with old age. As a group, though, older people do appear to increasingly suffer from chronic conditions and so show physiological changes due to normal aging processes.

The senses decrease in sensitivity with age. Specifically, there is a gradual loss of visual acuity (the ability of the lens to change shape, and thereby focusing), hearing losses occur primarily at the higher frequencies (these losses begin at adolescence and peak between 40-50); the sense of smell and touch also decline with age. The skin wrinkles, and there are pigmentation changes. Pain threshold increases with age.

There is a loss of muscle mass and a loss of calcium in the bones. There is a reduction in the efficiency of the breathing mechanism (decreased oxygen consumption), cardiac efficiency decreases (the heart works harder to achieve less), renal blood flow, glomerular filtration, and tubular excretion rates all decrease with age. Peripheral resistance, circulation time, and systolic blood pressure increase with age. This is especially so in individuals whose blood vessels have narrowed due to atherosclerosis and arteriosclerosis.

Most older people have at least one chronic condition, according to most sources from 75-80%. The most prevalent chronic conditions for older people are arthritis and rheumatism, heart disease, and high blood pressure. Another important change with aging is a decrease in the ability to cope with stress; it takes longer for the old to readjust to change, to return to equilibriuim. This stress, whether physical or emotional, has implications affecting the health of the older person. It takes longer for an older person to recover from an illness and/or an accident, and he may die from a condition not serious with a younger person (e.g. influenza).

Impairment and disability often result from chronic conditions. It has been estimated that 40% of older people have some activity limitation: 15-20% are bedfast, homebound, or very limited in mobility. Another measure of disability is called disability days, the number of days during which a person is forced to restrict his activities because of acute or chronic illness. Older people have the highest number of disability days per year (33.5) of any other age group.[10]

Most older people (two out of three) when asked, will describe their health as good or very good. They tend not to consider long term chronic conditions (such as arthritis) as making them unhealthy.

HEALTH PROBLEMS OF ALASKA'S NATIVE AGING AND AGED POPULATION

Method of Assessment. In order to accumulate information on the special health problems and needs of older Alaska Natives, I have conducted between 40 and 50 personal interviews with people working directly with Native health and health related services and patients. These interviews included physicians, nurses, medical social workers, community health aide trainers, Native Corporation staff, State Department of Health and Social Services staff, private agencies concerned with older people's services, municipality service providers and private practitioners.

In addition, I read any related written material I could find on Native people and their health problems; I also spent many hours looking at Indian Health Service data on outpatient admissions and inpatient admissions, and other vital statistics. Tabulations for the 45+ age group in relation to the above were done by myself and are contained in tables throughout this report.

The next sections are my interpretation of some major health issues that I feel need to be addressed and should be read with that in mind. No attempt was made to statistically compute responses by the people interviewed, and no survey was conducted. It is my feeling that these types of information-gathering might be useful for further evaluation.

I would like to reiterate that the following problem areas represent some that I found to be a concern, and they follow no special order. There may very well be other health problems which I have not addressed.

Dental Health

Dental disease is the most common disease in the Anchorage Service Unit as it is in other parts of the state.[8] The resources to deal with it are far from adequate. The decayed/missing/filled (DMF) rate for those adults examined for care was 13.04. In FY 1975, 51 Natives were admitted to ANMC dental services and treated as inpatients for conditions of fractured jaw, facial trauma and infection. There were 16,258 visits to the ANMC dental clinic and 4,900 visits to itinerant dental teams in the field, also in FY 1975. An average of 4 teeth per person of those examined needed restoration. Nearly half of all patients have early or overt periodontal (gum) disease. Two out of every 10 need prosthetic units. Generally, most of these problems get worse as the patient gets older.

The present staff and facilities can accommodate only a small portion of the need. The waiting list at ANMC, greater than 1,500 (1975), speaks to this problem. Priorities must be made. Unfortunately, this hits the older Native the hardest. School aged children and younger are the given priorities. The older Native is last in priority when it comes to choosing who gets prosthetic services, when there is X dollars left. Not having teeth, or having bad teeth, affects the diet of the older person, especially when trying to chew dried fish and muktuk.

It is doubtful that the dental service will be able to provide comprehensive dental care, including dentures to all older Native people who need them, unless their resources are increased dramatically. Other sources for financing delivery of this care should be examined.

The Alaska Comprehensive Study on Aging (1972) addressed the need for dental care. It reported approximately that 33% of all older Native Alaskans (60+) wear false teeth, with 26% having poor teeth, and 8% having no teeth at all. This is significantly worse than the non-Native Alaskan elderly who report 48% having false teeth, 8.5% poor teeth, and less than 1% having no teeth at all. This indicates that non-Natives' teeth are generally in better condition than those of Natives. Dental practitioners at Alaska Area Native Health Service feel that Natives' teeth are getting much worse, probably due to the shift away from subsistence diets to "western man's" diet (increasing sugar), and are losing their teeth earlier than before. This will have health implications as these younger groups age.

Tuberculosis

The incidence (new cases per 100,000) of tuberculosis in the Native population has dramatically decreased from 1952 (1853.3) to 1975 (85.8). This incidence is still quite high when compared to U.S.

1975 (15.7) but shows a spectacular decrease. The Native death rate (per 100,000) has dropped from 652.9 in 1950 to 3.1 in 1975, almost reaching national figures. This decrease in incidence and death due to T.B. was accomplished by effective treatment, surveillance, and prevention (with new drugs) and also by environmental health and sanitation improvements.

As we note the sharp decrease of T.B., even to the point of reaching national averages, we must not overlook the serious health implications of those people who were infected with T.B. germs and are still alive. This includes a substantial number of aging and aged Natives. Complications related to T.B. include chronic pulmonary disease, impaired lung functioning, bronchiectasis, and retinal scarring due to PKC (which is usually associated with T.B.). The chronic lung disease registry for the state includes 572 people, all of whom are 45 or over, and most of whom are Natives.

The Native population who survived the 1950's T.B. epidemic is growing older, and many of them are now over 45. In 1975, the number of individuals in rural Alaska participating in the chronic lung programs with home oxygen has increased.[9] This will be an increasing problem in the next few years. People who have been living with impaired lung function will have added insult with decreased heart and lung functions associated with aging. The health implications of the high T.B. rates of the 1950's are far from over.

Vision

In 1968, the State-side Comprehensive Planning Project identified visual impairments as the leading cause of disability and handicap among Alaska citizens. The Seattle 1972 Consortium Study on Aging in Alaska found that 57.7% of the Native elderly have some difficulty with vision, while only 28% of the non-Native elderly reported such difficulty. Corneal scarring, glaucoma, iritis, strabismus, and refractive error seem to exist in the Native population at a magnitude disproportionate to the general population. When ranked according to body systems, eye disease is the third leading cause of hospitalization by Natives 65+ (FY 1976), and ranks 5th in the 45-64 age group.

In October of 1969, the Alaska Department of Health listed 93 recipients of Aid to the Blind. Of these, 89 were Natives, who comprised 28% of the Alaska population at that time, but received 90% of the Aid to the Blind.

It should also be noted that the high prevalence of corneal scarring among the Alaska Natives is the result of the previous high rate of acute Phyctenular kerato-conjunctivitis (PKC, usually associated with tuberculosis. Here T.B.'s latent effects are having an impact on the health of today's aging Native population.

Hearing

Otitis Media is considered by many to be the health problem of the young in Alaska's Native population. Chronic otitis media in the school age population has decreased in the last 10 years, while acute otitis media is holding steady. In a study of school children in Bethel in 1960, 50% had hearing loss associated with otitis media. This large number of children who have been affected by this disease may present serious hearing problems as they age when combined with age related hearing losses.

Self Assessment of Health

How do the Native elderly perceive their own health? One study, (Seattle Consortium, 1972) addressed itself to that question. When asked by interviewers, 71.5% of the Native elderly (60+) ranked their health as good or very good, and 28% ranked it as poor. It is interesting to note that the non-Native elderly in Alaska responses were 87% and 12% in answer to the same questions. In this same study, it was found that 45% of all the elderly were troubled by chronic health problems. This is in agreement with the theory that older people tend to accept their aches and pains. The concept old people have of their health needs is probably reflecting the health care which is available to them. More attempts should be made to document how the older Native perceives his own health, as this study only represents a small number of Natives (272).

Alcoholism and Mental Health

A person's aging is intimately related to his society and to the place that this individual occupies within it.[11] The mental health of the older Native has a direct effect on his physical health. It was not within the scope of my project to examine the mental health of the Native elderly. This area needs addressing, though, because if we are going to understand the older Native in order to improve his health status (which may include changing health behavior), we must know more about the "elder's" function in the Native community.

ALCOHOLISM. Alcoholism is rising rapidly in Alaska's Native population. This will undoubtedly affect the older Native directly. The question of whether or not alcoholism is rising in the older age groups has not been addressed and is a pertinent question.

Other Diseases

It seems, when examining the causes of death and causes for hospitalization, that malignant neoplasms and heart disease and degenerative orthopedic diseases are on the rise in the Native population, and that hypertensions and diabetes mellitus are being seen frequently in the older Native. Doctors sense a rise in the number of cancer patients, especially lung cancer. But rising hospital and outpatient admission data and vital statistics are not an accurate way to measure these diseases in the population. They could serve as cause for epidemiologic studies that should be conducted.

Comprehensive screening for blood pressure would provide a measure of hypertensive disease (which is a risk factor in heart disease), and glucose tolerance test should be routine for high risk groups (obese, pregnant, elderly). Records of high risk patients could be followed if entered on the (HIS) Health Information

System data system. Older Alaska Natives present an easily identifiable target group than most, because their numbers are small, and most use the same health care system.

HEALTH RELATED PROBLEMS

Long Term Care—Home Care

With increases in life expectancy and a trend toward debilitative diseases in the older Natives, there is an increasing need for geriatric nursing care. When questioned though, the majority of Native elderly do not wish to be more informed about entering a Nursing Home, and wish to stay at home. The enforced separation of the elderly from his family to an urban setting for a nursing home (usually Anchorage or Fairbanks) has long been recognized as an undesirable move.

These factors indicate a need for more home health care services to keep the elderly in their homes and, possibly, some type of group living arrangements other than nursing homes (elderly housing, Pioneer Homes, etc.) Native Health Board members should be consulted by existing home health planning people. This is a problem which needs addressing soon.

Continuity of Care

Continuity of care for the elderly Natives seems to be a problem resulting primarily from the structure of the health care system which they use. The health care for older Natives usually takes place in a PHS clinic or hospital. Hospitals are strongly oriented towards a crisis and acute care: a system of diagnosis treatment and recovery (or death) for *acute* illnesses, versus the long term care perspective which an older person needs.

Example: An elderly Native woman is receiving treatment at ANMC for inoperable cancer. Every time she visits the Center, she is treated by different doctors and nurses. At a time like this, it is important for her to be treated by the same person who knows her history and in whom she can develop trust. This continuity of care is lacking in the present system and is a problem of that system, not of the individual physician or nurse.

Access to Care

Entering the health care system (Alaska Area Native Health Service) without a medical emergency is difficult for the Native. It is even more difficult for the older Native, who is already hampered by worsening health and physiological changes due to age.

Example: An older Native finds his hearing has rapidly declined to the point that it is interfering seriously with his daily activities. How does this man go about getting a hearing aid? He would first notify the village Health Aide, who would probably not be authorized to send this person to the hospital unless it was a "medical emergency". If he is lucky, there might be a nearby specialty clinic being held at that time. But chances are slim that the clinic or a visit from a specialist would coincide with this one man's need. Therefore, the elderly person would wait for this needed service. Again, this is not the fault of individuals, but of the system.

SUMMARY

The Alaska Native aging population is small (45-60 is 9.5% of the population, 60+ is 5.8%) but is culturally, economically, and geographically varied. While many older Natives seem bothered by multiple debilitation conditions (many resulting from past T.B. infection), some seem to be functioning well.

Twenty-one (21) percent of the ambulatory patient care visits are by those Natives over 45 who comprise 15% of the population. Six (6) percent of the total visits are by Natives 65 and over, who comprise 4% of the Native population. Of inpatient admissions to Native hospitals, 24.4% of admissions are by Natives 45+ and 8.3% are by those 65 and over. These proportions are significant, I feel, to make efforts to secure a physician and nurses trained in Geriatrics for the near future. Also, in order to help the older patient in an acute care setting and do discharge planning for the elderly, at least one social worker should be trained in Gerontology.

Natives 45-64 have an average-length-of-stay (ALOS) of 12.8 days, compared to 9.1 days in their age group in the U.S. population, whereas those Natives over 65 have an ALOS of 15.6 days, compared to the people 65+ in the U.S. population's of 12.1 days. The longer ALOS in hospitals by Natives is significant.

Leading causes of death of the 65+ Native group are beginning to line up with the U.S. figures for the same age group. There can be expected to be a rising number of deaths due to cardiovascular disease and malignant neoplasms in both groups.

As the life expectancy of Natives increases, and as they develop chronic disease conditions as they age, along with chronic lung problems which they already may have, we will see increasing complex disease conditions. With the desire of most elderly Natives to stay in their homes, this will present a real problem with the home health care services presently available.

There seems to be a trend towards increasing serious diseases (heart disease, cancer, diabetes) enough to indicate routine screening and surveillance of the older Native population. Screening results might provide a cause for epidemiological studies on major diseases in the Native population to document their actual incidence and prevalence in the population. The alcoholism and mental health problems on the rise from a variety of causes will affect the older age groups in the family setting, and increasing alcoholism rates will probably include increasing older alcoholics. These problems need addressing in the older population of Natives. Possibly more utilization of "elderly Natives" in programs designed for the young would be helpful. The input from older Natives in health planning through the Native Health Boards is needed.

Elderly people have immeasurable knowledge and skills and wisdom to pass on to the growing younger population. We owe the elderly as good a later life as we can provide.

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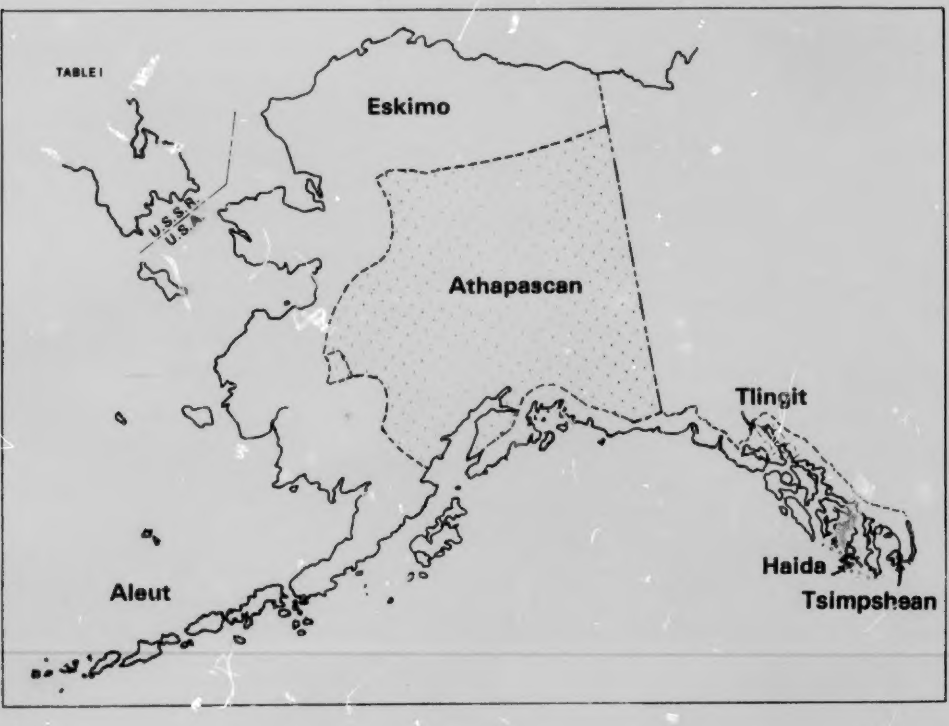
TABLE I



August 1977

TABLE II
Pertinent Facts Concerning Service Units

Service Unit	Size (Per Sq. Mi.)	Main Ethnic Group	Hospital Bed Capacity Rating
Area Total	586,125		426
Anchorage	104,325	Aleuts & Indians	193*
Barrow	84,225	Eskimos	14
Bethel	75,000	Eskimos & Indians	42
Kanakanak	40,425	Eskimos & Aleuts	29
Kotzebue	78,900	Eskimos	40
Mt. Edgecumbe	37,600	Indians	82
Tanana	165,650	Indians	26

Source: Office of Systems Development
Alaska Area Native Health Service

*FY 1975 bed capacity of Alaska Native Medical Center has been reduced from 183 to 170 in FY 1976. Anchorage total includes St. Paul (4 beds) and St. George (6 beds).

August 1977

TABLE III
Alaska Native Aging & Aged Population*
1976**

Service Unit	Total (100%)	45-59 (9.506%)	60 + (5.783%)	65 + (3.884%)
Alaska Total	*66,080*	*6,280*	*3,820*	*2,570*
Anchorage	15,070	1,430	870	580
Barrow	3,040	290	180	120
Bethel	15,200	1,440	880	590
Kanakanak	4,100	390	240	160
Kotzebue	5,090	480	290	200
Mt. Edgecumbe	10,770	1,020	620	420
Norton Sound***	5,820	550	340	226
Tanana	7,000	670	400	270
2000**				
Alaska Total	*99,290*	*9,440*	*5,740*	*3,860*
Anchorage	22,640	2,150	1,310	880
Barrow	4,570	430	260	180
Bethel	22,840	2,170	1,320	890
Kanakanak	6,160	590	360	240
Kotzebue	7,650	730	440	300
Mt. Edgecumbe	16,180	1,540	940	630
Norton Sound	8,740	830	510	340
Tanana	10,520	1,000	610	410

* Alaska Native Aging Population defined as 45-59 and Aged 60 +

** Projected-Source-1960 Census Figures—Method-Office Systems Development AANHS

*** Norton Sound Service *Area*

January 20, 1977

TABLE IV
Comparison of Vital and Health Statistics of Alaska Natives With United States (All Races)

Vital Health Statistic	Year	Alaska Native	U.S. (All Races)	Ratio (Native/U.S.)
Crude Death Rate (deaths per 1000 population)	1950	16.8	9.6	1.8
	1955	10.0	9.3	1.1
	1960	9.4	9.5	1.0
	1965	8.7	9.4	0.9
	1970	6.6	9.4	0.7
	1975	6.9	9.0*	0.8
Infant Mortality Rate (deaths per 1000 live births)	1950	94.0	29.2	3.2
	1955	76.3	26.4	2.9
	1960	74.8	26.0	2.9
	1965	66.2	24.7	2.7
	1970	28.5	19.8	1.4
	1975	18.9	16.1*	1.2
Tuberculosis Death Rate (deaths per 100,000 population)	1950	652.9	22.5	29.0
	1955	118.4	9.1	13.0
	1960	39.4	6.1	6.4
	1965	17.5	4.1	4.3
	1970	13.8	2.6	5.3
	1975	3.1	1.5	2.1
Tuberculosis Incidence Rate (cases per 100,000 population)	1955	1539.5	60.1	25.6
	1960	436.3	39.4	11.1
	1965	462.8	25.3	18.3
	1970	134.8	18.3	7.4
	1975	85.8	15.7	5.5
Birth Rate (births per 1000 population)	1950	40.5	24.1	1.7
	1955	45.5	25.0	1.8
	1960	47.8	23.7	2.0
	1965	40.5	19.4	2.1
	1970	29.7	18.2	1.6
	1975	27.2	14.8*	1.8
Life Expectancy (years)	1970	62.6	70.9	0.9

* Provisional

SOURCE: Office of Systems Development, Alaska Native Health Service
State of Alaska, Department of Health & Social Services, Health Information Systems Section & Section of TB Control & Chest Diseases

U.S. Statistical Abstracts
CDC Morbidity and Mortality Weekly Report

TABLE V
Leading Causes of Death of Natives*
1970—1960

1970 Rank	Alaska Natives		U.S. Total	U.S. Rank
	1970	1960	1967	
1 Accidents	199.4	206.4	57.2	4
2 Heart Disease	73.0	69.6	364.5	1
3 Malignant Neoplasms	67.1	44.1	157.2	2
4 Influenza & Pneumonia	49.3	153.1	28.8	5
5 Alcoholism	41.4	4.6	1.5	*
6 Vascular Lesions (CNS)	35.5	32.5	102.2	3
7 Diseases of Early Infancy	29.6	129.9	24.4	6
8 Suicides	29.6	9.3	10.8	12
9 Homocides	27.0	4.6	6.8	14

*Source: Office of Systems Development—Alaska Area Native Health Service

TABLE VI
Leading Causes of Death of Alaska Natives
1976

Rank	Cause (All Ages)	Total Deaths	Rates (100,000)
1.	Accidents	139*	210.4
2.	Heart Disease & Hypertension	69	104.4
3.	Malignant Neoplasms	55	83.2
4.	Alcoholism	22	33.3
5.	Suicide	21	31.8
6.	Influenza & Pneumonia	21	31.8
7.	Diseases of Early Infancy	21	31.8
8.	Homocides	20	30.3
9.	Cirrhosis of Liver	19	28.8
10.	Vascular Lesions (CNS)	15	22.7

Alaska Natives 45-64

Rank	1976 Total Deaths	1970 Total Deaths	U.S. 1974 (Rank)
1. Accidents	25*	16	4
2. Malignant Neoplasms	22	16	2
3. Heart Disease & Hypertension	17	17	1
4. Alcoholism	8	10	**

Alaska Natives 65 +

Rank	1976	1970	U.S. 1973 (Rank)
1. Heart Disease & Hypertension	44*	38	1
2. Malignant Neoplasms	28	16	2
3. Vascular Lesions of CNS	8	12	3
4. Influenza & Pneumonia	6	14	4

*Note—These figures represent *total* deaths in the respective age group *not* rates.

**Not in top 10.

TABLE VII
Life Expectancy of Alaska Natives
1970—1960

	Alaska Native 1970	U.S. 1971	Alaska Native 1960	U.S. 1960
1	62.78			
1-4	63.56	71.1	60.4	69.89
5-9	60.27	67.7	61.7	67.04
10-14	55.56	62.9	57.3	62.19
15-19	50.78	58.0	52.7	57.33
20-24	46.54	53.3	48.1	52.58
25-29	43.03	48.7	44.1	47.89
30-34	39.30	44.0	40.0	43.18
35-39	35.28	39.3	36.3	38.35
40-44	31.61	34.8	32.5	33.92
45-49	28.31	30.4	28.6	29.50
50-54	25.07	26.2	24.8	25.29
55-59	21.42	22.2	21.4	21.37
60-64	17.93	18.6	17.8	17.71
65-69	15.19	15.2	14.6	14.39
70-74	11.57	12.2	11.4	11.38
75-79	9.13	9.5	8.7	8.71
80-84	7.32	7.3	(80+)5.6	6.39
85-89	6.43	(85+)5.4		(85+)4.58
90-94	4.00			

*Source—Ted Vieira, Office of Systems Development,
U.S. Census

TABLE VIII
Leading Reasons For Hospitalization of Alaska Natives 45+
FY 1976

Diagnosis	Population 45-64	65+
1. Accidents & Injuries	317	83
2. Alcohol Misuse	204	34
3. Malignant Neoplasms	117	97
4. Influenza & Pneumonia	89	61
5. Arthritis (all types)	89	38
6. Upper Respiratory Problems	84	41
7. Cataract	34	70
8. Ischemic Heart Disease	53	46
9. Urinary Tract Infection	39	45
Ranked by 65+		
1. Malignant Neoplasms	97	
2. Accidents & Injuries	83	
3. Cataracts	70	
4. Influenza & Pneumonia	61	
5. Urinary Tract Infection	47	
6. Ischemic Heart Disease	46	
7. Upper Respiratory Problems	41	
8. Arthritis	38	
9. Alcohol Misuse	34	

Source: Office of Systems Development, Report 2E

TABLE IX
Leading Causes of Outpatient Visits for Natives 45 +
By Total Diagnosis—1976

Diagnosis	Total	45-64	65 +	%45-64	%65 +
Hypertensive Disease	7,267	3,527	1,821	48.5%	25.1%
Upper Respiratory Inf.	28,629	3,728	1,258	13.0%	4.4%
Accidents & Injuries	22,547	2,643	483	11.7%	2.1%
Diabetes Mellitus	1,578	700	478	44.4%	30.3%
Refractive Error	6,979	840	268	12.0%	3.8%
Eczema Uticaria Skin	5,360	839	174	15.7%	3.2%
Rheumatoid Arthritis	1,786	787	211	44.1%	11.8%
Congestive Heart Failure	1,071	290	680	27.1%	63.5%
Ischemic Heart Disease	992	321	584	32.4%	58.9%

Leading Causes of Outpatient Visits for Natives 45 +
By First Visit

Diagnosis	Total	45-64	65 +	%45-64	%65 +
Accidents & Injuries	3,916	1,384	266	10.0%	1.9%
Upper Respiratory Inf.	20,856	990	591	4.0%	2.8%
Hypertensive Disease	1,199	560	216	47.5%	18.8%
Refractive Error	2,891	365	114	12.6%	3.9%
Alcoholism	1,589	348	40	21.9%	2.5%
Eczema Uticaria, Skin	2,740	311	55	11.4%	2.0%
Urinary Tract Inf.	1,720	266	96	15.5%	5.6%
Osteoarthritis	413	223	93	54.0%	22.5%
Conjunctivitis	1,539	181	43	11.8%	2.8%
Neurosis	842	196	18	23.3%	2.1%

Source: Office of Systems Development, APC Report 1C and 3A

TABLE X
Leading Workload by Body System for 45 +
1976

	45-64	65 +
1. Accidents, Poisonings, & Violence	212	60
2. Diseases of the Digestive System	195	65
3. Diseases of the Respiratory System	144	99
4. Diseases of the Circulatory System	114	119
5. Eye Diseases	103	93
6. Mental Disorders	144	36

Leading Workload by Body System for 65 +
1976

1. Diseases of the Circulatory System	119
2. Diseases of the Respiratory System	99
3. Eye Diseases	93
4. Neoplasms (total)	79
5. Diseases of the Respiratory System	65
6. Accidents	60

Source: Office of Systems Development
Inpatient Discharge Report 2C

TABLE XI
Social and Mental Health Service Visits Alaska Natives FY 1976 Area Total

Service Unit	Total	45-54	55-64	65 +
Anchorage	3,237	321	216	211
Barrow	243	25	11	14
Bethel	286	47	25	19
Kanakanak	555	102	67	75
Kotzebue	141	9	9	10
Mt. Edgecumbe	951	115	108	129
Tanana	130	10	10	13
Non-Service Unit	6	1		
Unspecified	26		2	6
	5,575	630	448	447

Percent 45 + served = 27.9%
Percent 65 + served = 8.6%

Leading Reasons For Social and Mental Health Visits Alaska Natives FY 1976

Problem	45-54	55-64	65 +
Physical Illness Acute	93	73	71
Physical Disability	57	28	43
Physical Illness Chronic	52	35	38
Financial Needs	72	50	39
Alcohol Misuse	71	22	7
Transportation	17	13	15

Source: Area Social Service
Alaska Area Native Health Service

TABLE XII
Average Length of Stay in Hospitals

	Total	45-64	64 +
Alaska Native (1976)	8.5	12.8	15.6
U.S. Population (1973)	7.8	9.1	12.1

Source: Office of Program Development
Hospital Admissions

TABLE XIII
Ambulatory Patient Care Visits* FY 1976

Service Unit/Facility	Total	%45 +	%65 +
Area	268,409	20.9%	5.5%
Anchorage	79,502	14.3%	2.9%
Barrow	19,585	22.4%	6.1%
Bethel	38,343	21.7%	5.1%
Kanakanak	16,954	24.6%	6.9%
Kotzebue	21,534	21.1%	5.8%
Mt. Edgecumbe	58,146	22.8%	6.9%
St. Paul**	7,372	*	*
Tanana	26,349	20.5%	5.7%

Source: Office of Systems Development

*Not available
**Includes St. George

TABLE XIV
Inpatient Admissions (To GM&S Hospitals) FY 1976

Hospital	Number of Admissions	%45 +	%65 +
Area Total	9,575	24.4%	8.3%
Anchorage	4,688	24.7%	7.6%
Barrow	396	21.2%	9.1%
Bethel	1,334	16.6%	6.1%
Kanakanak	584	26.7%	8.9%
Kotzebue	827	21.1%	8.2%
Mt. Edgecumbe	1,304	31.2%	10.6%
St. Paul*	53	Not Available	
Tanana	389	29.0%	12.7%

MAUNELUK ASSOCIATION

P.O. Box 256
Kotzebue, Alaska 99752

MEMBER VILLAGES
Ambler, Buckland, Deering, Kiana, Kivalina, Kobuk,
Kotzebue, Noatak, Noorvik, Selawik, Shungnak

Native American Aging
September 15-16, 1977

Gerontology is a nice sounding word that professional persons use when they refer to our segment of our population, wherein a certain numbers of snowfalls has arbitrarily categorized us into the realm of the elderly or the aged—our Elderly have always been around us, and thank the Great Spirit that the Elderly will always be with us.

In earlier days of our American history, when the problem was "what to do with the elderly", there were institutions called "poor farms" dotted across the countryside where the elderly were left when their families could not or would not care for their parents, and the usual excuses were, "We have our own lives to live", or "They just get in our way", or they "smell up our home", or "They will be happier with those other old folks". Lack of family visitations and futility invariably ended in the loss of the will to live, and the fight was on to grab off the estate. It is amazing that it was o.k. for Mom and Dad to raise a family of six children, feed, clothe them, shelter them, teach them, care for them when they were little, washing diapers, sitting up all night when they were sick, sacrifice, raising them up, putting them through school, serving as back-up family to the grandchildren. Something happens when Mom and Dad get old, and the six children just can't see how they can help them.

As time passed from the late 30s through the early 40s to the present time, new concepts and methods for dealing with the elderly were developed, emerging from the middle-class society program to one of inclusion of most people, and still many people fell through the cracks because someone had set down some criteria and guidelines which automatically cut people out of these programs, and the neglect continued.

New designs for physical facilities were initiated. Ramps instead of stairs, wide doors with easy operating opening devices; comfortable rooms attractively appointed with protective beds and monitoring equipment and more competent and sensitive professionals and support people. More nutritious food was prescribed, but in most cases the operators were more interested in a profit, and the clients were short changed. There were social activities and functions to attend, arts and crafts filled the idle hours, trips to places of interest, shopping, and the urging of the families to come and visit their parents, all tended to contribute to the general well-being of the elderly. There are now some options, such as entering a facility for the elderly, or into subsidized housing, or apartments, or even to stay in their own homes where a broad variety of homemaker services are available, so that the elderly could more or less select a service which could best suit their needs which their resources could afford. Newer ideas and concepts to improve the services to the elderly are constantly being studied.

So many programs of services to the elderly are inconsistent and vary from state to state and from one federal region to another.

When it comes to serving the Alaskan people it is a whole different kind of a ball game, especially when it comes to offering programs to the Native Alaskan Eskimos and other Native minorities. We constantly hear that Alaska is so large, that the land is rugged, that great distances make it difficult to provide adequate service to the Natives. There was no apparent problem to provide the oil corporations with the concessions to build the pipe line enabling these special interest groups to wield their power over the state and to dictate to the federal government in Washington, D.C., and becoming very rich.

In most cases, the elderly have no voice in what is happening to them or in the planning for programs for the elderly. Instead, we hear the same old crying and whining by the planners from the state and federal agencies who are intent on reducing their staff personnel and curtailing services. Even state committees want to hold conferences by telephone, and this will not work.

How are we up in Northwestern Alaska going to plug in with this communication system of ultra-electronics with drums and smoke signals?

My statements are not meant to point a finger at anyone, but I am attempting to bring reality into full focus. We do have many extremely complex and difficult problems for our elderly in our eleven (11) villages alone, and there are many areas up here in Alaska that go without adequate services that are due the elderly.

To meet the needs of the Native Elderly will require the direct involvement of the Natives in their own affairs.

We must demand a more equitable share in the state tax monies and in the federal funds that are allocated for the specific purpose of providing for the elderly. It is distressing indeed to note that, under Title XX program of the amended Social Security program, at the end of the 1975 fiscal year $644.5 million were left unexpended nationwide. Only 11 states, including New York and California, recipients of the two largest allocations of Title XX funds. (sic) Fifteen (15) states spent less than half of their funds. Title XX does not provide for the elderly equitably.

Title XX program may be described as a special revenue sharing for social services. The plight of the elderly has to be brought before the agencies who have direct responsibility in this matter.

The general public has to be fully informed about this segment of our society; we, the elderly, have been neglected for too long and now want to be a part of the action that is due us.

A paper by Robert B. Mackey (a Native American—Santee Sioux Indian), working for the Mauneluk Association in Western Alaska as Social Worker for eleven (11) Eskimo Villages comprised of over 5,000 people covering an area of 36,000 square miles, the size of the state of Ohio.

NATIONAL INDIAN CONFERENCE ON AGING
NATIONAL TRIBAL CHAIRMEN'S ASSOCIATION

Name of Tribe/Alaskan Native Community/Indian Organization Cook Inlet Native Association

Mailing Address P.O. Box 515
Anchorage, AK 99510

Telephone (907) 278-4641

Name of person submitting this report Esther M. Combs

Title Director, Community Services

Date 11/15/77

Number of persons in service population who are:

Between 50 and 55 est. (2,000) 55-60 est. (1,500) 60 and over (est. 700)

Are you now receiving funding for services to the elderly?

(x) Yes ( ) No

for Indirect services

If yes, from what Agency?

( ) Tribe ( ) ANA (ONAP) ( ) Title XX (PSA) ( ) HUD ( ) CSA

( ) State Agency on Aging ( ) Area Agency on Aging

(x) Other (please describe) Title IX, State CETA

What services are you currently providing for the elderly in your community?

( ) Housing * (x) Nutrition ( ) Senior Center ( ) Transportation (including escort service)

* Administered by Salvation Army in our facility that we provide as in-kind to their program.

( ) Homemaker, Laundry, Shopping, Housecleaning (cross out what does not apply)

( ) Security – patrol service, telephone reassurance

(x) Other (please describe) Encourage their participation in cultural and recreational activities.

What services for the elderly are most needed in your community? (Please describe)

1 – Transportation

2 – Housing

3 – Advocacy for elderly Native population to obtain services needed.

(Over)

Have you tried to obtain funding for these services?

( ) Yes (x) No

If yes, from what agency? ______

What was the reason given for not funding your project? For years, the state office on Aging has administered the Title III and VII programs and subcontracted them out to usually the Salvation Army or the local Senior Citizens organization. Recently, we received 2½ positions under Title IX and this was only after trying for funding for nearly 1½ years, then we're supposed to administer the grant for a measly 5% for overhead!

ADDITIONAL COMMENTS:

What little funds that are available in these programs in the State are doled out to the same organizations year after year. We have met with the office on Aging people (Region X and State) and get the same old story of not-enough-funds and we-are-trying-to-reach-Native-people..... from them.

What we are doing is merely a bandaid approach to serving our elderly who are the backbone of our culture but getting the least of anyone. Would appreciate whatever your organization can do. -- Esther Combs

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NATIONAL TRIBAL CHAIRMEN'S ASSOCIATION
P.O. BOX 2088
ALBUQUERQUE, N.M. 87103

NATIONAL INDIAN CONFERENCE ON AGING
NATIONAL TRIBAL CHAIRMEN'S ASSOCIATION

Name of Tribe/Alaskan Native Community/Indian Organization Haida Tribe
Hydaburg, AK. IRA-Community Council

Mailing Address Hydaburg, Alaska
Z.C. 99922

Telephone 285-3285

Name of person submitting this report Victor Haldane

Title Community Action Chairman, NICOA Board Member

Date Oct. 27, 1977

Number of persons in service population who are:

Between 50 and 55 (60) 55-60 (20) 60 and over (34)

Are you now receiving funding for services to the elderly?

(x) Yes ( ) No

If yes, from what Agency?

( ) Tribe ( ) ANA (ONAP) ( ) Title XX (PSA) (x) HUD ( ) CSA
(x) State Agency on Aging ( ) Area Agency on Aging
( ) Other (please describe) From the State we are in the Nutritional Program at 3 meals a week.

What services are you currently providing for the elderly in your community?

(x) Housing (x) Nutrition ( ) Senior Center ( ) Transportation (including escort service)
( ) Homemaker, Laundry, Shopping, Housecleaning (cross out what does not apply)
( ) Security – patrol service, telephone reassurance
( ) Other (please describe)

What services for the elderly are most needed in your community? (Please describe)

We need transportation for elderly to participate in Nutritional Program.

(Over)

Have you tried to obtain funding for these services?

(x) Yes ( ) No

If yes, from what agency? state

What was the reason given for not funding your project? That no station wagon available at this date. The last representative of the state did not hold meeting to discuss this matter with us. Oct. 15th, 1977.

ADDITIONAL COMMENTS:

As a member of the N.I.C.O.A. I am going to attempt to organize a State wide Indian Council on Aging. The Alaska Native Brotherhood convention will be held in Hydaburg Nov. 14 - 19. I will present a program so the A.N.B. can sponsor it, and later contract with the State. Although the State receives funding for all the Elderly in Alaska, very few Native villages are given said service. The States' contention is that the rural areas are too isolated. This can speak for direct funding for isolated areas. The H.I.P. program gives priority to 60 and over. The Tlingit and Haida Housing Authority has funding for the elderly housing to be built here very soon.

Would appreciate any data to help in the formation of the State Wide program, from Tribal Chairmen's Assn.

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PLANNING STRATEGY FOR ACTION

The recommendations for action made at the National Indian Conference on Aging have nationwide validity and illustrate the caliber of input participants were prepared to provide. However, to plan our future strategy, continued input is needed from you. You can help by providing answers to the following questions:

What impact has the Older American Act of 1965, as amended, had in your community? Foot dragging by State & Federal agencies, insensitive to specific needs peculiar to specific regions - there are great differences & conditions.

What federal resources are reaching Older American Indians in your community? SSI, Manpower, CETA Home Makers, Home Services

Is the funding for the above programs from: Matching and cost of living adjustment.

A. State Agency on Aging Longvity Bonus

B. Area Agency on Aging --

C. Community Services Administration -- --

D. Social Security Administration X

E. Other --

Allocation of resources under the Older Americans Act of 1965, as amended, is channelled through State and/or Area Agencies on Aging. Is there a fair allocation of these resources to Indian tribes and organizations in your state? No, inequitable apportionment.

Should the older American Indian programs be funded directly by the Administration on Aging to the Indian tribes and organizations in your state? Yes, definitely. More native options.

What are background/status of each identified Older American Indian program in your community? What services are provided? How are they funded? St. George Arctic - Episcopal Church. Not visible. Need native organization administration.

What is the status of older American Indians in your community? Deplorable, neglected.

Their income? Welfare, Subsistence, Hunt-fish

Their environment? Poor - Isolation

Their legal problems? Serious - many

Their physical well-being? Poor - poor!

Do you have any recommendations for changes in policy — in regulations — in administrative procedures — in the Older Americans Act of 1965, as amended? Allow specific design for Eskimo - Alaskan natives - stipulating conditions in Alaska.

Do you think the minimum age at which Indians are eligible for services to the elderly should be lowered? To what age — 55, 50, 45? Life expectancy - 44.

What is the number of Indian elderly in your community: 90

45-54 30 *55-59* 40 *60 & over* 20

What You Can Do to Help Us Serve the Indian Elderly

Identify specific problems and issues by letter, reports and/or resolutions. These statements should provide accurate information on:

1. The problem -- What? Where? When? Who? How?
2. Your recommendation for action.

When you contact us, we will do the following:

- —You will receive prompt acknowledgement of your input.
- —Assistance by telephone may be provided, if possible.
- —Problem areas will be brought to the attention of service provider agencies, Congressional delegates, National Indian organizations, and any other groups or individuals able to assist.
- —Your input becomes a part of the records and recommendations on which NICOA actions and future planning are based.
- —Remember, recommendations or complaints dealing with Indian elderly problems and/or recommendations for changes in policy will be more effective if they are **specific** about issues, objectives, conclusions, and include case histories or examples!

Name of Preparer: Robert B. Mackey

Title Social Worker

Address P.O. Box 256
Kotzebue, Alaska 99752

Name of tribe and/or organization Mauneluk Association (11 Eskimo Villages)

(Use plain paper for additional comments)

NATIONAL INDIAN CONFERENCE ON AGING
NATIONAL TRIBAL CHAIRMEN'S ASSOCIATION

Name of Tribe/Alaskan Native Community/Indian Organization
Metlakatla Indian Community

Mailing Address c/o Office of Native American Programs
Box 458
Metlakatla, Alaska 99926

Telephone (907) 886-4161

Name of person submitting this report Bonnie G. Scudero

Title Executive Director - ONAP

Date 11-25-77

Number of persons in service population who are:

Between 50 and 55 (40) 55-60 (30) 60 and over (20)

Are you now receiving funding for services to the elderly?

(x) Yes ( ) No

If yes, from what Agency?

(x) Tribe ( ) ANA (ONAP) ( ) Title XX (PSA) ( ) HUD ( ) CSA
(x) State Agency on Aging ( ) Area Agency on Aging
(x) Other (please describe) BIA - Housing Improvement

What services are you currently providing for the elderly in your community?

(x) Housing Improvement (x) Nutrition (x) Senior Center (x) Transportation (including escort service)
(x) ~~Homemaker~~, ~~Laundry~~, Shopping, ~~Housecleaning~~ (cross out what does not apply)
( ) Security – patrol service, telephone reassurance
(X) Other (please describe) Outreach – Recreation & Activities

What services for the elderly are most needed in your community? (Please describe)

Expansion of Senior Citizens Center. Better health care.

(Over)

Have you tried to obtain funding for these services?

(x) Yes ( ) No

If yes, from what agency? State Office of Aging – Title IX

What was the reason given for not funding your project?

ADDITIONAL COMMENTS:

Tried for funds through the State for Construction monies under Title V but told it was only for existing building that needed repair.

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NATIONAL INDIAN CONFERENCE ON AGING
NATIONAL TRIBAL CHAIRMEN'S ASSOCIATION

Name of Tribe/Alaskan Native Community/Indian Organization
Nome Community Center, Inc.

Mailing Address Nome Senior Citizens
Box 98
Nome, Alaska 99762

Telephone 907 443-5259

Name of person submitting this report Rose Ann S. Timbers

Title Executive Director

Date 11-7-77

Number of persons in service population who are:

Between 50 and 55 ( ) 55-60 (85) 60 and over (102)

Are you now receiving funding for services to the elderly?

(x) Yes ( ) No

If yes, from what Agency?

( ) Tribe ( ) ANA (ONAP) ( ) Title XX (PSA) ( ) HUD ( ) CSA

(x) State Agency on Aging ( ) Area Agency on Aging

( ) Other (please describe)

What services are you currently providing for the elderly in your community?

( ) Housing (x) Nutrition (x) Senior Center (x) Transportation (including escort service)

(x) Homemaker, Laundry, Shopping, ~~Housecleaning~~ (cross out what does not apply)

(x) Security – patrol service

(x) Other (please describe) Recreation related to bi-cultural activities, subsistence gathering activities.

What services for the elderly are most needed in your community? (Please describe)

nutrition, companship/visitation, home maintenance, lower utility rental costs, more cultural activities, bi-lingual services.

(Over)

Have you tried to obtain funding for these services?

(x) Yes ( ) No

If yes, from what agency? Office on Aging

What was the reason given for not funding your project?

Limited funds

ADDITIONAL COMMENTS:

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MINNEAPOLIS AREA

Adeline Wanatee (Sac and Fox of the Mississippi-Iowa), Member, National Indian Council on Aging

Anna John (Oneida-Wisconsin), Member, National Indian Council on Aging

Chauncina White Horse, (Oglala Sioux-Illinois), Member, Board of Directors, National Indian Council on Aging

page 380 blank

Report on the Minneapolis Area Conference on Aging
July 14-15, 1977

The Minneapolis Conference on Aging was held with the major objective being that the elderly in the area could attend and benefit from the meeting, this being the first time that a meeting of the American Indian Elderly was held for Region V.

There were invitations extended to groups and tribes in the area for elderly and any other interested persons.

The conference was held July 14-15, 1977, at the American Indian Regional Center and the Normandy Hotel Inn.

Josephine Goodwin was the Coordinator for the meeting. Emily Peake was instrumental in helping her organize the meeting. Josephine was unable to attend the meeting due to becoming ill prior to this date. Because of this, Emily Peake chaired the meeting with the cooperation of Chauncina White Horse.

Special appreciation is extended to Geneva Mackety for the help she gave in helping with the transportation and registration. Thanks to the other people who helped with details.

We regret that we could not have Juana Lyon, Executive Director of the National Indian Council on Aging, at the meeting personally as it is due to her efforts, inspiration and support that enabled us to hold this meeting and we appreciate it.

Some recommendations came out of the meeting, and the people in attendance were able to go home with messages on the proceedings.

RECOMMENDATIONS

1. The conference recommended the unity of Indian organizations of reservations and urban areas be coordinated by the directors of each Indian Senior Citizen organization forming themselves into a coalition for a more concerted effort.
2. That the Food Stamp Program use Indian eligibility technicians and outreach workers to help Indian people (Seniors) with filling out forms and to ensure all eligible people are registered.
3. That Title VII should remain as it is. More centers are needed. Title VII and Title III should remain separate.
4. More Indian input is needed in the 1980 Census. We want an accurate count.
5. A definition is needed of whatever means there is available for providing transportation for American Indian elderly and the handicapped.

Chauncina White Horse
Member, Board of Directors
National Indian Council on Aging

NATIONAL INDIAN CONFERENCE ON AGING
NATIONAL TRIBAL CHAIRMEN'S ASSOCIATION

Name of Tribe/Alaskan Native Community/Indian Organization
Sac & Fox Tribe of the Mississippi in Iowa

Mailing Address Sac & Fox Tribal Office
Route 2
Tama, Iowa 52339

Telephone 515/484-4678

Name of person submitting this report Gladys Benson

Title Tribal Planner

Date 12/12/77

Number of persons in service population who are:

Between 50 and 55 (36) 55-60 (34) 60 and over (56)

Are you now receiving funding for services to the elderly?

(X) Yes ( ) No

If yes, from what Agency?

( ) Tribe ( ) ANA (ONAP) ( ) Title XX (PSA) ( ) HUD ( ) CSA

( ) State Agency on Aging (X) Area Agency on Aging

( ) Other (please describe)

What services are you currently providing for the elderly in your community?

( ) Housing (X) Nutrition ( ) Senior Center ( ) Transportation (including escort service)

( ) Homemaker, Laundry, Shopping, Housecleaning (cross out what does not apply)

( ) Security – patrol service, telephone reassurance

( ) Other (please describe)

What services for the elderly are most needed in your community? (Please describe)

(Over)

Have you tried to obtain funding for these services?

(X) Yes ( ) No

If yes, from what agency? Hawkeye Valley Agency on Aging

What was the reason given for not funding your project? ______

ADDITIONAL COMMENTS:

Needs

Housing–
A. A number of the elderly are living with siblings.
B. Isolation exists among those that live by themselves.
C. Substandard housing without sanitation facilities.
D. Tribe is applying for 20 elderly units (HUD).

Transportation–
A. Shopping, laundry and medical appointments.

House cleaning

Nutrition
A. Meals-on-wheels is the only service that is provided in area of nutrition.

Activities

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PLANNING STRATEGY FOR ACTION

The recommendations for action made at the National Indian Conference on Aging have nationwide validity and illustrate the caliber of input participants were prepared to provide. However, to plan our future strategy, continued input is needed from you. You can help by providing answers to the following questions:

What impact has the Older American Act of 1965, as amended, had in your community?

There are many good programs for white community

What federal resources are reaching Older American Indians in your community?

Is the funding for the above programs from:

- *A. State Agency on Aging* X
- *B. Area Agency on Aging*
- *C. Community Services Administration* X
- *D. Social Security Administration*
- *E. Other*

Allocation of resources under the Older Americans Act of 1965, as amended, is channelled through State and/or Area Agencies on Aging. Is there a fair allocation of these resources to Indian tribes and organizations in your state? No

Should the older American Indian programs be funded directly by the Administration on Aging to the Indian tribes and organizations in your state? Yes

What are background/status of each identified Older American Indian program in your community? What services are provided? How are they funded?

Transportation founded by Area Agency on sliding scale 9010 75-25/ 50-50, $5000. Start we were unable to meet 50-50 match on 3rd year $3000.

What is the status of older American Indians in your community? Low income to poverty, poor housing

Their income?

Their environment?

Their legal problems?

Their physical well-being?

Do you have any recommendations for changes in policy — in regulations — in administrative procedures — in the Older Americans Act of 1965, as amended?

Do you think the minimum age at which Indians are eligible for services to the elderly should be lowered? To what age — 55, 50, 45? 55

What is the number of Indian elderly in your community: 900

45-54 ______ *55-59* ______ *60 & over* ______

What You Can Do to Help Us Serve the Indian Elderly

Identify specific problems and issues by letter, reports and/or resolutions. These statements should provide accurate information on:

1. The problem — What? Where? When? Who? How?
2. Your recommendation for action.

When you contact us, we will do the following:

- —You will receive prompt acknowledgement of your input.
- —Assistance by telephone may be provided, if possible.
- —Problem areas will be brought to the attention of service provider agencies, Congressional delegates, National Indian organizations, and any other groups or individuals able to assist.
- —Your input becomes a part of the records and recommendations on which NICOA actions and future planning are based.
- —Remember, recommendations or complaints dealing with Indian elderly problems and/or recommendations for changes in policy will be more effective if they are **specific** about issues, objectives, conclusions, and include case histories or examples!

Name of Preparer: /s/ Albert L. Lord

Title Sec./Director Supportive Services To Elderly American Indians

Address 217 N. 4th Ave. W.
217 N. 4th Ave. W.
Duluth, MN 55806

Name of tribe and/or organization

Duluth Indian Action Council

(Use plain paper for additional comments)

Supportive Services to the Elderly American Indian

The Duluth Indian Action Council is sponsor of a program called Supportive Services to the Elderly American Indian. We furnish volunteer drivers and transportation for American Indians over the age of 60. This program is funded by the Arrowhead Regional Development Commission on Aging.

In the delivery of this service we have found that many other problems beset the American Indian besides transportation. We have become aware of the fact that the majority of the elderly Indians do not even realize that many services are available to them; also many legal rights have never been explained, or are they aware of them.

The elderly Indians are very often afraid to ask the white society for any type of assistance because in their younger years agencies turned them down because they were considered wards of the Federal Government.

Another problem is that it is difficult for them to communicate because of the language and culture barrier. Because of the culture difference elderly Indians prefer to live out their remaining years alone or with relatives. Many who live alone live in slums, run-down housing, and unsanitary conditions.

We feel that this condition in our society could greatly be alleviated with a program of advocacy for the elderly.

The advocacy program would work between the approximately 900 elderly Indians in Northeastern Minnesota and the Federal, State, County, and local agencies to see that the elderly Indians are receiving all the services that are offered for them to better their welfare and allow them to live equally, justly and with dignity in our society.

Albert L. Lord, Secretary
Supportive Services to the
Elderly American Indian
217 North Fourth Avenue West
Duluth, Minnesota 55806

January 31st, 1977

NATIONAL INDIAN CONFERENCE ON AGING
NATIONAL TRIBAL CHAIRMEN'S ASSOCIATION

Name of Tribe/Alaskan Native Community/Indian Organization
FOREST COUNTY POTAWATOMI INC.

Mailing Address BOX 364
CRANDON, WISCONSIN 54520

Telephone (715) 478-2690

Name of person submitting this report EMILY JACOBSON, ELDERLY SERVICE COORDINATOR

Title ELDERLY SERVICE COORDINATOR

Date NOVEMBER 1, 1977

Number of persons in service population who are:

Between 50 and 55 (8) 55-60 (7) 60 and over (15)

Are you now receiving funding for services to the elderly?

(X) Yes ( ) No

If yes, from what Agency?

(X) Tribe ( ) ANA (ONAP) ( ) Title XX (PSA) ( ) HUD ( ) CSA

(X) State Agency on Aging (X) Area Agency on Aging

( ) Other (please describe)

What services are you currently providing for the elderly in your community?

( ) Housing (X) Nutrition ( ) Senior Center (X) Transportation (including escort service)

( ) Homemaker, Laundry, Shopping, Housecleaning (cross out what does not apply)

( ) Security – patrol service, telephone reassurance

( ) Other (please describe)

What services for the elderly are most needed in your community? (Please describe)

Nutrition Program–Possibility of discontinuing funding in June 1978

Transportation–Presently have Elderly Van, but no monies for upkeep, mileage or salary of driver and Insurance coverage.

Housing–Presently no Housing available for Elderly. Many of the Elderly are living in isolated areas.

(Over)

Have you tried to obtain funding for these services?

(X) Yes ( ) No

If yes, from what agency? H.U.D.–Housing, TRANSPORTATION–Area Agency on Aging

What was the reason given for not funding your project? Presently in the process of developing overall Elderly Program to meet needs of Elderly and Awaiting word on possible funding.

ADDITIONAL COMMENTS:

An overall Elderly Program has been developed and have submitted to various resource agencies for possible funding. Due to small population of the Tribe many of the resource agencies will not fund most of the projects. The resource agencies that do fund various programs are for either one year or six month basis, and would like to be funded on a more permanent basis.

The Elderly Van is mostly funded through limited funds of the Tribe or any funds the Elderly Project Council could raise through fund raising projects.

PLEASE RETURN PRIOR TO NOVEMBER 18, 1977, TO:

NATIONAL INDIAN CONFERENCE ON AGING
NATIONAL TRIBAL CHAIRMEN'S ASSOCIATION
P.O. BOX 2088
ALBUQUERQUE, N.M. 87103

NATIONAL INDIAN CONFERENCE ON AGING
NATIONAL TRIBAL CHAIRMEN'S ASSOCIATION

Name of Tribe/Alaskan Native Community/Indian Organization
Oneida Tribe of Indians of Wisc. Inc.

Mailing Address R. 4
Depere, Wis. 54115

Telephone 1-414-869-2363

Name of person submitting this report Anna John

Title Elderly Service Counselor

Date 10-26-77

Number of persons in service population who are:

Between 50 and 55 (175) 55-60 (120) 60 and over (65) 80 and over: 35

Are you now receiving funding for services to the elderly?

(x) Yes ( ) No

If yes, from what Agency?

(x) Tribe (x) ANA (ONAP) (x) Title XX (PSA) (x) HUD ( ) CSA

(x) State Agency on Aging ( ) Area Agency on Aging

( ) Other (please describe)

What services are you currently providing for the elderly in your community?

(x) Housing (x) Nutrition (x) Senior Center (x) Transportation (including escort service)

(x) Homemaker, Laundry, Shopping, Housecleaning (cross out what does not apply)

(x) Security – patrol service, telephone reassurance

( ) Other (please describe) Nursing home service will soon be available.

What services for the elderly are most needed in your community? (Please describe)

Coordination

(Over)

Have you tried to obtain funding for these services?

(. x) Yes ( ) No

If yes, from what agency? Lake Michigan Area Agency on Aging - Outaganice Co. C. on Aging

What was the reason given for not funding your project?

ADDITIONAL COMMENTS:

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ALBUQUERQUE, N.M. 87103

NATIONAL INDIAN CONFERENCE ON AGING
NATIONAL TRIBAL CHAIRMEN'S ASSOCIATION

Name of Tribe/Alaskan Native Community/Indian Organization Stockbridge-Munsee Tribe

Mailing Address Route One
Bowler, WI 54416

Telephone 715 - 793-4678

Name of person submitting this report Harvey L. Martin

Title Elderly Services Counselor

Date November 7, 1977

Number of persons in service population who are:

Between 50 and 55 (10) 55-60 (30) 60 and over (109)

Are you now receiving funding for services to the elderly?

(xx) Yes ( ) No

If yes, from what Agency?

(xx) Tribe ( ) ANA (ONAP) ( ) Title XX (PSA) ( ) HUD ( ) CSA

(xx) State Agency on Aging ( ) Area Agency on Aging

(xx) Other (please describe) Dept. of Public Instruction
Commodities

What services are you currently providing for the elderly in your community?

(xx) Housing (xx) Nutrition ( ) Senior Center (xx) Transportation (including escort service)

(xx) Homemaker, ~~Laundry~~, Shopping, Housecleaning (cross out what does not apply)

( ) Security – patrol service, telephone reassurance

(xx) Other (please describe) Medical, preventive and corrective

What services for the elderly are most needed in your community? (Please describe)

Transportation - Senior Citizens Center

(Over)

Have you tried to obtain funding for these services?

(xx) Yes ( ) No

If yes, from what agency? HUD for Senior Citizens Center, DOT for Transportation, AAA for Transportation

What was the reason given for not funding your project?

Decision has not yet been finalized.

ADDITIONAL COMMENTS:

To secure and maintain maximum independence and dignity for older adults it is desirable that these elderly be served in the community in which they reside. With appropriate supportive services and facilities this can be accomplished.

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MUSKOGEE AREA

Cherokee *(Smithsonian Institution, National Anthropological Archives)*

Muskogee Area Indian Conference on Aging

The first Eastern Oklahoma Indian Area Aging Conference was held at Arrowhead State Lodge, Lake Eufaula, Oklahoma, May 17 and 18, 1977. The conference had representatives from virtually every tribe in eastern Oklahoma.

The conference was called to order at 1:00 p.m., May 17th, by Mr. Don Mabray, Chairman, National Indian Council on Aging, Executive Director, Five Civilized Tribes Foundation, Inc., Muskogee, Oklahoma.

Mr. Mabray introduced Chief David Gardner of the Choctaw Nation. Mr. Gardner gave a welcome from the Choctaw Nation and gave a brief description of the projection and goals for all members of the Choctaw Tribe.

After Mr. Gardner's address, Mr. Mabray asked that the representatives of the various tribes stand and introduce themselves. Mr. Mabray told of the conference that was held in Oklahoma City for the Western Tribes[1] and the valuable information that had been received from that meeting. Mr. Mabray then introduced Mrs. Teresa Holguin from HEW, Office of Human Development, Region VI, Dallas, Texas. Mrs. Holguin discussed the role of HEW in Aging and gave a report on Federal funding. After her presentation, the meeting was adjourned until 8:30 a.m. the 18th of May.

Mr. Mabray called the meeting to order and after his brief introduction, he introduced Mr. Roy Keen, Supervisor of the Special Unit on Aging, Oklahoma City. Mr. Keen gave a brief description of the programs now in operation in the State of Oklahoma for the aged. He also explained the new FY State budget, what programs will be expanded, and programs that would be terminated.

After his presentation, he opened the floor for questions; most of the questions were of a general nature, except one:

Mr. Keen was asked by John Carlile, Director of Elderly Programs, Cherokee Nation, why the State, in the past and in the new FY budget, had not set aside a portion of funding for Indian Tribes? Mr. Keen stated that the Indian Elderly were being served from the existing programs. Mr. Carlile then read a memorandum from the Commissioner on Aging that stated "New Mexico and Oklahoma, by their own admission, stated they were underfunding Indian Tribes". Mr. Keen stated that he was not aware of the memo, but would like to be furnished with a copy. (A copy was furnished.)

Mr. Carlile also stated that, because of the rural setting of over 90% of the Indian Elderly living in Oklahoma, the need for rural programs should be looked into and projects started that would enable the Elderly Indian to participate. The vast majority of Elderly Programs funded by the state are for urban areas, therefore, the rural areas are forgotten. Mr. Carlile also stated that the statistics used in justifying the funding for the states were overall figures, therefore, a formula for the allocation of this money should be adopted that would give the rural areas their fair share. Mr. Keen said he would look into this and see what could be done.

The afternoon was spent in small group sessions discussing programs that would most benefit the Indian Elderly in Eastern Oklahoma. After a lengthy discussion and listening to the testimony of the Elderly that were in attendance, three major priorities were established:

1. In-Home Health Care
2. Housing Renovation
3. Nursing Home for Indian People only, administered by Indians.

Mr. Mabray thanked those in attendance for their participation in the meeting and stated the priorities that had been established would be passed on to the National Indian Council on Aging and the various state and federal agencies.

He thanked Mrs. Holguin and Mr. Keen for their attendance and participation. The meeting adjourned at 4:30 p.m., May 18, 1977.

John S. Carlile, Director
Cherokee Nation
Elderly Development Program

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[1] Anadarko Area Conference on Aging, April 25-26, 1977.

Testimony Prepared and Presented by John S. Carlile, Director, Cherokee Nation of Oklahoma, Elderly Development Program, to the Region VI Public Hearing on the U.S. Department of Agriculture Food Stamp Program

Dallas, Texas, October 18, 1977

FOOD STAMP PROGRAM

The changes in the Food Stamp Law pertaining to the involvement of the American Indian still leave a lot to be desired for the Indian population in Oklahoma.

The Cherokee Nation, a federally recognized tribe, but a tribe that does not have reservation status as defined by Federal Law, will still be at the mercy of the State of Oklahoma to administer the Food Stamp Program. On the other hand, if the regulations would define reservations as the jurisdictional area of a federally recognized Indian tribe, then the Indian population of Oklahoma could have input that would help fulfill the needs of their respective tribal populations.

A survey conducted in March and April of 1977 in five counties of the Cherokee Nation indicated not only a lack of understanding of the full benefits of the Food Stamp Program, which is the biggest reason for Indian non-participation, but also that 78 percent of the 620 elderly Cherokees surveyed had never had the food stamp program sufficiently explained and consequently, did not even know where to go to make application. I would like to add that, under the established current guidelines, all 620 were eligible to receive food stamps.

The intent of the food stamp legislation as proposed is good but, as with so many other Federal programs, the poor and needy, for whom they are intended, never really benefit due to the reasons cited above.

It is recommended that the USDA allow or make provision for contracting with the Indian Nations or tribes to do the outreach and determine eligibility for prospective participants who are of Indian descent and who reside in the tribal geographic jurisdiction.

The USDA could assist in training tribal social services staff in the procedure of determining eligibility and processing of the application for food stamp services. I believe if this could be done, outreach workers who speak the tribal language would be more successful in helping to develop a program to meet the needs of those who deserve the help.

Attentive Audience of Oklahoma Indian Elders

The Creek Nation of Oklahoma

The Indian population of the Creek Nation of Oklahoma exceeds 20,000; of this figure 16% or 3,276 persons are 55 and older.

There are many unmet needs which have not been specifically quantified; however, they are readily apparent.

The first and most important of needs for our elderly is in the area of health—primarily, provisions for dentures, eye glasses, hearing aids, and artificial limbs.

Other areas of need that must be dealt with are:

Nutrition
Housing improvements
Social activities
Residential care (nursing homes)

Indian people have historically been living at the low end of society economically and those who are currently considered elderly suffered the low income status most severely; therefore they have, in many cases, been financially unable to provide basic health and social services for themselves.

Indian participation in state and federal programs that provide some of the previous mentioned needs has also been small in number.

1. It is felt that the provisions of services can best be delivered by locally organized tribal government such as the Creek Nation. Indian people are more willing to cooperate with programs administered by their representative tribal governments! Therefore funding of programs for Indian elderly should be awarded to tribal governments.
2. Special income consideration for elderly currently living on fixed incomes should be altered to:
   a. Allow elderly to receive welfare compensation while participating on other government programs such as CETA.
   b. Raise the income levels for participation in government programs.
   c. Allow for special economic compensation for those elderly who provide for children within their extended family groups.

Carrie Preston, Choctaw—Oklahoma, Alternate Member, National Indian Council on Aging

COMPILED FOR USE BY THE NATIONAL INDIAN CONFERENCE ON AGING
Sponsored by The National Tribal Chairmen's Association
Breakdown of Tribal members age 45 and over by Counties
(This breakdown covers only the Treaty boundaries.)

Compiled by Don M. Mabray, Five Civilized Tribes Foundation, Inc.

Compiled from records obtained from the B.I.A. Muskogee Area Office.

FIVE TRIBES
1976

County	Chickasaw	Cherokee	Choctaw	Seminole	Creek
Grady	92				
Garvin	79				
McClain	61				
Carter	410				
Love	21				
Pontotac	376				
Johnston	173				
Murray	178				
Jefferson	54				
Stephens	193				
Marshall	106				
Adair		1108			
Cherokee		1328			
Craig		517			
Delaware		1056			
Mayes		700			
Tulsa		1455			1455
Muskogee		579			579
McIntosh		245			245
Nowata		170			
Ottawa		785			
Rogers		506			
Sequoyah		522			
Wagoner		113			113
Washington		468			
Atoka			129		
Choctaw			369		
Coal			180		
Haskell			123		
Latimer			205		
Bryan			273		
LeFlore			500		
McCurtain			494		
Pittsburg			517		
Pushmataha			177		
Seminole				612	
Creek					440
Hughes					543
Okfuskee					355
Okmulgee					535
TOTAL FOR EACH TRIBE	1743	9552	2967	612	4265

Percentage of Total Tribal Population over Age 45
Chickasaw—35.5% Cherokee—39% Choctaw—17.5%
Seminole—24.5% Creek—20%

TOTAL OF ALL FIVE — 19,139

% of population of Five Civilized Tribes 30%

NATIONAL INDIAN CONFERENCE ON AGING
NATIONAL TRIBAL CHAIRMEN'S ASSOCIATION

Name of Tribe/Alaskan Native Community/Indian Organization
Eastern Shawnee Tribe of Oklahoma

Mailing Address 212 Robinson Building
Miami, Okla. 74354

Telephone 918-542-3518

Name of person submitting this report James I. Greenfeather

Title Chief

Date Nov. 9, 1977

Number of persons in service population who are:

Between 50 and 55 (14) 55-60 (15) 60 and over (14)

Are you now receiving funding for services to the elderly?

( ) Yes (x) No

If yes, from what Agency?

( ) Tribe ( ) ANA (ONAP) ( ) Title XX (PSA) ( ) HUD ( ) CSA

( ) State Agency on Aging ( ) Area Agency on Aging

( ) Other (please describe)

What services are you currently providing for the elderly in your community?

( ) Housing ( ) Nutrition ( ) Senior Center ( ) Transportation (including escort service)

( ) Homemaker, Laundry, Shopping, Housecleaning (cross out what does not apply)

( ) Security – patrol service, telephone reassurance

( ) Other (please describe)

What services for the elderly are most needed in your community? (Please describe)

Nutrition, Transportation

(Over)

Have you tried to obtain funding for these services?

(   ) Yes   (x) No

If yes, from what agency? ____________________

What was the reason given for not funding your project? ____________________

____

____

ADDITIONAL COMMENTS:

PLEASE RETURN PRIOR TO NOVEMBER 18, 1977, TO:

NATIONAL INDIAN CONFERENCE ON AGING
NATIONAL TRIBAL CHAIRMEN'S ASSOCIATION
P.O. BOX 2088
ALBUQUERQUE, N.M. 87103

NATIONAL INDIAN CONFERENCE ON AGING
NATIONAL TRIBAL CHAIRMEN'S ASSOCIATION

Name of Tribe/Alaskan Native Community/Indian Organization
OSAGE TRIBE

Mailing Address Box 178
Pawhuska, OK
74056

Telephone 918-287-2495

Name of person submitting this report Mary Jo Webb

Title ANA Director

Date 11-16-77

Number of persons in service population who are:

Between 50 and 55 ( ) 55-60 ( ) 60 and over ( )

Between 45 - 65+ estimated at 3427.

Are you now receiving funding for services to the elderly?

( ) Yes (x) No

If yes from what Agency?

( ) Tribe ( ) ANA (ONAP) ( ) Title XX (PSA) ( ) HUD ( ) CSA

( ) State Agency on Aging ( ) Area Agency on Aging

( ) Other (please describe)

What services are you currently providing for the elderly in your community?

( ) Housing ( ) Nutrition ( ) Senior Center ( ) Transportation (including escort service)

( ) Homemaker, Laundry, Shopping, Housecleaning (cross out what does not apply)

( ) Security – patrol service, telephone reassurance

( ) Other (please describe)

What services for the elderly are most needed in your community? (Please describe)

Programs for diabetics, consumer education programs, transportation services, housekeeping, shopping services, visiting nurses programs, programs for rural, isolated elderly.

(Over)

Have you tried to obtain funding for these services?

(   ) Yes   (x) No

If yes, from what agency? ____________________________

What was the reason given for not funding your project? ____________________________

ADDITIONAL COMMENTS:

While the tribe does not have funding for specific elderly programs, we do have a CSA Food and Nutrition grant which serves all age groups but concentrates primarily on the older population.

PLEASE RETURN PRIOR TO NOVEMBER 18, 1977, TO:

NATIONAL INDIAN CONFERENCE ON AGING
NATIONAL TRIBAL CHAIRMEN'S ASSOCIATION
P.O. BOX 2088
ALBUQUERQUE, N.M. 87103

EXACT COPY

EASTERN SHAWNEE TRIBE
OF
OKLAHOMA

November 9, 1977

National Indian Conference on Aging
National Tribal Chairmen's Association
P.O. Box 2088
Albuquerque, N.M. 87103

Dear Sirs:

Every attempt that the Eastern Shawnee Tribe has made to bring in *any* type of program has been blocked by the Inter-Tribal Council or by the funding agencies themselves.

It seems to us that they are not looking at *tribal* organization but rather at Inter-Tribal organization. If it were possible for the Eastern Shawnee Tribe to receive this funding which we have not received before, we would definitely implement a program for the elderly in our area.

Sincerely,

/s/ James I Greenfeather
James I. Greenfeather, Chief
Eastern Shawnee Tribe of Oklahoma

JIG/tjm

NAVAJO AREA

(Smithsonian Institution, National Anthropological Archives)

In the House of Long Life,
In the House of Happiness,
With Beauty before me,
With Beauty behind me,
With Beauty above me,
With Beauty all around me,
In Old Age, I travel
On the beautiful Trail.

From the Song of Dawn Boy (Navajo)

EXACT COPY

April 19, 1976

MEMORANDUM

TO: Employees: The Navajo Tribe
Indian Health Service, Navajo Area
Bureau of Indian Affairs, Navajo Area

FROM: Chairman, Navajo Tribal Council
Director, Navajo Area Indian Health Service
Director, Bureau of Indian Affairs, Navajo Area

SUBJECT: National Indian Conference on Aging

The National Tribal Chairmen's Association is sponsoring the first National Indian Conference on Aging which is to be held in Phoenix, Arizona, June 15, 16 and 17, 1976.

Funded by the Administration on Aging, the conference has as its overall purpose that of providing opportunity for the elderly Indian people to express their concerns and unmet needs and make recommendations for action to establish or improve programs designed to serve them, including necessary legislative changes. Additional benefits from the conference are expected to be: better communications between the Indian elderly and the service providers; better understanding and use of available service resources; greater national, state, and local sensitivity to needs of elderly Indian people; and the formation of a National Indian Task Force on Aging.

A number of older Navajo citizens will be sponsored to attend and participate in the conference. These participants will be selected by their respective Chapter CAC. This selection is presently in process at the Chapters around the reservation. An inter-agency committee will assist with planning at the Chapter level.

In order for the elderly Navajo representatives to participate as productively as possible, thereby assuring full input from the Navajo community reservationwide, all Navajo Tribal program entities, Navajo Area BIA Agencies, and Navajo Area IHS Service Units are hereby directed to give program support to this effort and to extend all available resources to make the conference a success for the older citizens of the Navajo Nation.

/s/ Peter MacDonald
Chairman, Navajo Tribal Council

/s/ Marie Allen
Director, Navajo Area Indian Health Service

/s/ Val McBroom
Director, Bureau of Indian Affairs, Navajo Area

Statement of Needs of the Elderly in the Navajo Nation

The following is a statement of needs of the elderly in the Navajo Reservation which was developed at the first National Indian Conference on Aging, sponsored by the National Tribal Chairmen's Association in Phoenix, Arizona, June 15, 16, 17, 1976.

Content for the Statement was developed by five caucus groups, each of which considered the details of one of the five "Workshop Topics" of the Conference. The discussions were conducted entirely in the Navajo language with maximum involvement by the elderly representatives of the Delegation.

PRESENTED HEREIN IS:

I. A resolution of the Navajo Delegation supporting legislation authorizing the Federal Government to provide direct funding to Indian Tribes for services for the Aging. (See Section VI)

Also herein presented are statements defining the specific needs of the elderly on the Navajo Reservation in the areas of: Physical Well-being, Income, Environment and Legal problems.

II. PHYSICAL WELL-BEING

1. *Hospital Care*
   - a. Old age Navajos in many cases are neglected in getting adequate medical care in PHS hospitals.
   - b. The complaints of the elders are not heard by relatives as well as health and medical workers.
   - c. When an old aged person is ill, he is not taken to a physician until he is seriously ill or developing complications.
   - d. There is a serious lack of transportation that further contributes to delayed medical attention.
   - e. It is considered that the elderly are not receiving adequate medical services on the reservation.
2. *Outpatient Care*
   - a. The elderly are not receiving adequate service in dental care, life care, acquiring aids such as hearing aids, eye glasses, false teeth, etc.
   - b. Educational information and instructions are not provided adequately in the areas of preventive medicines and personal hygiene due to lack of proper interpretation by Navajo health personnel.
   - c. Emergency service is grossly inadequate on the Reservation.
   - d. Regarding Medicaid and Medicare insurance, an intensive educational program should be developed to assist the old age who carry such insurance in understanding and using these insurances properly.
   - e. Old age Navajos need health diagnostic and treatment services in areas of diabetics, hypertension, obesity and nutrition.
3. *Mental Health Services*
   - a. It is recommended that mental health, social services of IDHS, Tribe, and BIA should in a cooperative manner develop and implement programs in recreational crafts, counseling and educational projects to foster more community involvement.
4. *Alcoholism and Drug Abuse*
   - a. Mental Health and Social Service Agencies should work with other related agencies in developing educational programs and awareness of alcohol and drug abusements.
   - b. Half-way houses and other necessary facilities where rehabilitation services can be provided should be established for the Navajo elderly on the reservation.
5. *In-Home Services*
   - a. Care of elderly persons in their own home is grossly lacking. The elders are without proper care due to neglect by the children and their inadequate knowledge in providing proper care. The children of the elderly person need to be trained in providing proper home care, purchasing and preparation of foods.
   - b. Educational research projects should be developed and conducted to further the benefits and improvements of our Navajo traditional foods.
   - c. The combination of food stamps and surplus food services should be made available to the Navajo elderly.
6. *Communications*
   - a. The elderly in the more rural areas of the reservation are isolated and lack communication with others.
   - b. Due to lack of electrical power there is no television or radio and thus are further isolated.
   - c. The elderly need visitation contact by outreach workers who can stop by to bring news and at the same time to check on the immediate needs of the elderly.
7. *Final Expenses*
   - a. Final expenses create real hardship for the elderly. Resources are needed to help meet these rising expenses, at present only those with very low incomes are assisted.
8. *Equipment for the Sick*
   - a. There is urgent equipment needs for the sick and disabled. For example: artificial limbs,

walkers, hospital type beds, and portable toilets, etc.

9. *Nutrition*
   a. Malnutrition is a pressing and continuing problem among the Navajo elderly. There is a need for additional nutrition program to supplement the three Title VII Nutrition programs on the reservation. Because of the vast distances on the reservation, there is no way to provide either congregate site meals or meals on wheels for many older persons who are not getting adequate nutrition to stay healthy. The present three programs also need additional funding.

III. INCOME
   a. The elderly Navajo should have an income which would permit him to live the rest of his life in health, decency, and dignity.
   b. That benefits be extended to all male and female elderly upon reaching the age of eligibility regardless of their participation during previous periods of employment.
   c. A large percentage of elderly Indian people do not have sufficient income to cover housing and utility costs of existing programs along with the other necessities of life. The employment needs of the Indian elderly are not met.
   d. The elderly Indians must be permitted to work or earn income for as long as they want or are able. They should not be required to forfeit parts of other benefits when continuing to earn.
   e. That manpower programs be designed to retain the people on or near the homelands of the elderly.

IV. ENVIRONMENT
1. *Nursing Homes*
   a. There is a need for nursing homes to be located in close proximity of the home community of the older person so he could stay in touch with family and friends.
   b. Federal funds should be made available to the Navajo Nation for the design, construction and operations of these facilities on the local levels.
   c. Indian Nursing Homes or Sheltered Care Facilities on the reservation should not have any state controls imposed on them, rather federal regulations should govern these facilities, similar to the Indian Health Service Hospitals.
   d. Navajo design of nursing homes is important because present models do not take consideration of the social, emotional and physical needs of the Navajo elderly.
2. *Housing*
   a. A large percentage of elderly Navajos do not have sufficient income to cover for the cost of housing and utilities.
   b. Program policies governing housing should not be restricted but should be adaptable to the housing needs of the elderly and their financial capability. Wherever necessary, provisions of housing at no cost should be provided for the Navajo elderly.
3. *Home Repairs and Maintenance*
   a. We urge the continuation of present ONEO assistance in repairs and maintenance of dwellings. More resources of this type are needed particularly for hogan type homes.
4. *Winterization and Weatherization of Homes*
   a. Many Navajo elderly live in inadequate housing that is too cold in winter and too hot in the summer.
   b. There is a need for material and labor to make homes safer and more healthful for older people who cannot afford to improve their homes themselves.
5. *Fuel*
   a. Lack of electricity and fuel cause serious needs among the elderly for heating and cooking purposes.
   b. Funds are needed for the purchase and delivery of fuels to aging persons who have no means of obtaining them for themselves.
6. *Water*
   a. We urge the implementation and extension of public law 86-121 to provide water for the elderly Navajos.
7. *Electricity*
   a. Although huge power lines cover the Reservation, many Navajo families are entirely without access to these power resources.
   b. This hardship is especially difficult for the elderly because it means that refrigeration is not available to them for preserving food and budget meals.
   c. They have no recreational means of radio and television, nor do they have physical comforts of lights, fans, etc., which are basic comforts for people outside the reservation.
8. *Senior Citizens Centers*
   a. Social and recreational opportunities should seriously be established for the elderly.
   b. These centers can serve dual purposes of providing supportive services, and a constructive means of helping the elderly maintain the customs of the culture.
9. *Day Care Centers*
   a. There is a need for several kinds of Day Care Centers that would provide the maximum of benefits for the elderly:
      (1) Community Day Care Centers for children but where the elderly can serve in taking care of the young ones.
      (2) Visitation Day Care Service where outreach workers can call on the elderly to

assist in their needs and problems.

   (3) Day Care Facilities where the aging can spend the entire day or stay overnight for short periods of time without the lack of care or companionship.

b. These facilities need to be built near Chapter Houses and utilities sources for maximum benefit and to reduce mammoth problems of transportation.

10. *Transportation*
   a. There is a need for the construction and improving of roads in the entire reservation.
   b. Transportation is very limited with no cross-reservation mobility sources. Most of the elderly are not in a position to drive or own a vehicle for their own transportation.
   c. Because of this lack of transportation, the Navajo elderly cannot acquire those necessities and supplies which would assure them of a normal and healthy life.
   d. There is a need for additional vehicles, mileage allowances, fuel and personnel to operate transportation services both in and outside the reservation.

11. *Homemaker Services*
   a. The present ONEO Homemaker program should be continued and increased. Among the elderly there is a continual need for shopping, laundry, house cleaning, food preparations and moral support.

V. LEGAL

1. *Legal Accessibility*
   a. The elderly Navajo does not have local accessibility to legal services.
   b. Because of language barriers and understanding of the process the elderly are a vulnerable target group.
   c. Legal services would also afford the elderly with protection and an improved sense of security.
   d. There is a need for elderly Navajos now residing in public domain land to secure releases for the purchase of land for homesites.

Kenneth Cody, President, Navajo Nation Council on Aging

VI.

PROPOSED RESOLUTION OF THE NAVAJO DELEGATION
CONFERENCE ON AGING
NATIONAL TRIBAL CHAIRMEN'S ASSOCIATION

Requesting the NTCA to Support Direct Funding of Older Americans' Assistance Programs Within the Navajo Nation

WHEREAS:

1. There are over 14,000 older Navajo Americans residing within the Navajo Nation; and
2. The Navajo Nation extends over three different states, over ten Counties and three Federal Regions; and
3. State programs designed to assist Older Americans have often failed to provide equal opportunity for access to programs or equal levels of services to Navajo Older Americans; and
4. Federal and state regulations and guidelines are often inappropriate and unworkable in the unique environment of the Navajo Nation; and
5. State programs have failed to take into account the special problems of Navajo Older Americans and Navajo input has not been used in designing these programs; and
6. The poverty which is an unwelcome companion of almost all Navajo Older Americans makes it critical that programs designed to relieve this poverty be made available to Navajo Older Americans; and
7. The direct funding of Older Americans' programs, specially designed to meet the unique problems of Navajo Older Americans, and uniformly available throughout the Navajo Nation under the sponsorship of an organization designated by the Navajo Tribal Council will make the lives of the affected Navajo people more meaningful and carry out the intent of the Congress as expressed in the Older Americans Act of 1965.

NOW THEREFORE BE IT RESOLVED THAT:

The Navajo delegation to the Conference on Aging of the National Tribal Chairmen's Association, representing the Navajo Tribal Council and the Navajo people requests the NTCA to support the direct funding of Older Americans Assistance Programs within the Navajo Nation from the Federal Government to the Navajo people through the sponsorship of an organization designated by the Navajo Tribal Council.

REPORT:
Navajo Perspective of the First National Indian Conference on Aging

Phoenix, Arizona June 15, 16, 17, 1976

Prepared For
THE OFFICE OF NAVAJO ECONOMIC OPPORTUNITY
Fort Defiance, Arizona 86504

By
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PART I. THE CONFERENCE

The first annual National Indian Conference on Aging sponsored by the National Tribal Chairmen's Association was held at the Ramada Inn East in Phoenix, Arizona on June 15, 16 and 17, 1976. With a registered attendance of approximately 800, the total conference assembly numbered in excess of 1000 persons representing Indian Tribes from all over North America.

The overriding concerns of the Conference were the pressing needs of American Indian elders and the development of resources for meeting those needs.

In his opening remarks, Presiding Officer Mr. Wendell Chino established the theme of the Conference by focusing attention on the elder representatives to the Conference. He asked,

> "As an elder:
> What are your needs?
> Why do these needs/problems exist?
> How should they be resolved?
> By whom should the action be taken?"

To address themselves to this basic set of considerations, the participants at the Conference were organized in five major workshop groups as follows:

Legislation, Physical Well-Being, Income, Environment and Legal.

Members of the Navajo Delegation participated actively in the major workshops. Additionally, the Navajo Delegation conducted caucus sessions in the Navajo language so as to obtain maximum discussion of issues and input from the elders.

A representative of the Coordinating Office of the National Indian Conference on Aging has advised that they have a mailing list with names and addresses of registered conference participants who will be mailed a report, when completed, of the Conference including resolutions and minutes of the workshops and general sessions. Some of the speeches made during the Conference will be transcribed from the tapes but will not be available generally.

Those who want transcriptions of particular speeches will need to request them in writing from:

The National Indian Conference on Aging
P.O. Box 7007
Phoenix, Arizona 85011

Inasmuch as the Conference staff plan to send a copy of their detailed report to all registered participants, the first part of this report will be restricted to a condensation of issues which were frequently mentioned or which had widespread support.

General Concerns

There was a general consensus that the White House Conference of 1971 had not had adequate representation from Indians and that the input which had been provided by the Indian Caucus of the Conference had been largely ignored since. The Western Conference on Aging which preceeded the White House Conference and the 1973 Post White House Conference also were considered to have resulted in no improvement of conditions for the elderly Indian.

There were many who expressed themselves to the effect that this First National Indian Conference should serve as the foundation for beginning to build in a manner superior to previous efforts.

A recurring theme at the Conference was, "Let's not wait for someone else. . . let's get people going in our own communities developing plans, priorities and vehicles for action."

There was strong feeling that the Indian Tribes should not just wait and receive what they are offered...

"We should unite on our own thing...
"Let's tell them what we want...
"Right here...at this conference...let's begin to act...
"Not just talk about it".

Great concern was voiced about the small sums of service dollars that reach the elderly Indian after funds have been funneled through federal, state and regional mechanisms.

There was very strong support for the idea that the Conference take initiatives to move toward the establishment of an Indian Desk in Washington to provide direct funding of Indian programs as designed by Indian Tribes.

> "Indian Tribes should have first priority on funding, rather than the states".
>
> "We need to spend less money on administrative overhead and more on direct services to people".

There was concern about the lack of contribution opportunities for older Indians in the development of services and programs for elders.

> "There is a need for older people to be involved in program operation and program evaluation".
>
> "We need groups of Indian elders as members of advisory boards and committees".
>
> "There is a need for young people to work in conjunction with older people in health education and other services".
>
> "The great value of this can be the promotion and continuation of tribal cultural values as they are infused from the elderly to the young".

Some of the themes that recurred throughout the Conference are expressed in the following two selected quotes.

> "Older Indians are behind in everything...in education and community resources...they live in remote areas without electricity...they live in hogans that are hot in summer and cold in winter...they have serious water problems and a lack of hospitals and clinics".
>
> "There is a need for community education so people can understand the value of the vote, political awareness, and the potential for group action by means of the electoral process".

There was some discussion of the development of a National Indian Task Force on Aging to follow-up on the activities of the Conference. It was suggested that funding be requested for at least one National Task Force meeting to deal with issues developed during the Conference. A last minute modification of this idea was to allow the original National Indian Conference Planning Committee to serve in this follow-up capacity.

There were those who felt that the large size of the workshop groups made it difficult for individuals to understand the issues being presented. This resulted often in a resolution being passed by very few votes. Some felt that the fact that very few people were voting either for or against the motions indicated that most of the people in the large groups did not understand the issues well enough to vote.

The Navajo Delegation dealt with this latter problem by reviewing, each evening, the day's proceedings for the delegates in the Navajo language. This made it possible for the elders to participate in small group discussions in their own language about their own problems back home.

The work of these small Navajo committees is presented in this report in "PART II, THE NAVAJO CAUCUS".

Legislation

The principal issue discussed by the Legislation Workshop was direct funding for Indian programs for older persons. There was general agreement that the Conference should press for direct funding of Indian Aging Services instead of having them funneled through state mechanisms.

Further, it was held that resources for Senior Citizens programs for Indians should be based on identified need rather than on per capita population.

It was brought out that the Indian Desk in the Administration on Aging requested at the 1971 White House Conference did not happen and that there was a continuing need for such an Office on Aging specifically for Indians in Washington.

> "We need a vehicle to deal with the discrimination that Indians face in the funding of services".
>
> "There is a need for mechanisms for planning not only for today but for the future".

There were also discussions and recommendations that each tribe should develop or establish a local department or office to deal with the problems of the Indian aged.

> "This can serve not only as a point of communication with Congressmen and the federal government...it can also serve as a planning mechanism for developing Indian services for a tribe."

Representatives of the Navajo Nation advised the workshop that they were in the process of developing and organizing a Council on Aging in the reservation.

The short term (one year) funding of programs was criticized and there was much discussion about increasing the funding cycles to 3 to 5 years with planning extending as long as 10 years into the future.

There was a great deal of discussion about the need for unity among tribes and at the same time a recognition of the different kinds of problems faced by Urban Indians, Unrecognized Tribes, Terminated Tribes and Reservation Indians. Some tribes stated that they were not Federal Indians, instead they were State Indians, and as such had many disadvantages in addition to those experienced by Federal Indians. Also discussed were the problems of Urban Indians who are distributed among the general population of metropolitan areas.

The question, "What constitutes an Indian?" was brought up several times, but many felt that this Conference was not the place to deal with that question, that instead the Conference should focus on the needs of older Indians.

Discussion of the role of the BIA in providing social services for older people included some viewpoints that felt the BIA should be required to budget line items for Senior Citizens programs, and some who felt that the BIA was not a proper mechanism for the development of services for older people.

There were recommendations that the federal government lower the age limit for old age benefits to 45 or 50 for American Indians.

The idea was presented that I.D. cards for older tribal members should be issued to make it easier for them to obtain services.

It was stated that there was a need for one uniform National Indian Health Service policy.

There was considerable discussion of HR 2525, "The Indian Health Care Improvement Act", and it was requested that all persons write to their Congressmen to urge them to support passage of that bill. (Copy of HR 2525 included in this report.)

Physical Well-Being

Indian hospitals are having problems because there are not enough doctors to handle all the cases. More funds are urgently needed for upgrading the quality of services and training of professional personnel.

There is need for emergency medical services and medical outreach workers.

There was a concern that many people who needed surgery had to wait too long, very often until it was too late.

Health evaluations for purposes of preventive medicine are not available to older Indians.

Services should be designed so they will not take the person out of the family and tribal environment because it affects patient recovery.

Family members often are not informed when patients are transferred from one facility to another.

There is a need for health education for the elderly in their homes before they become chronically ill.

At the present time instructions on medicine bottles are confusing. There is a need for clarified instructions on medicines.

Members who leave the reservation have trouble locating health care in the city and obtaining transportation to go to hospitals when needed.

Extended care facilities are needed in the reservations.

There is a need for improved dental care.

Also needed are resources for providing eyeglasses, dental services, false teeth, and hearing aids for older persons.

There is a serious problem of alcoholism among Indian elderly. The establishment of bars adjacent to reservation boundaries should be limited or prohibited because of their high impact on alcoholism in the reservations. Some suggestions were made that laws should allow the establishment of bars within the reservation where they could be better controlled by the Tribal members.

Food stamps and commodities need to be made more accessible to Indian people.

There is a need to lower the eligibility age for food stamps from 60 down to 50 for Indians.

It was recommended that Indian Tribes should negotiate or contract directly with the U.S. Department of Agriculture for food stamp programs.

Congregate meal sites in the reservations are much appreciated but more of such programs are needed badly.

Also, elderly people should be able to get the foods they want. There are many foods which they do not know or understand. They not only need education on using some of the strange foods, they also need the flexibility to supplement them with nutritional foods that they are accustomed to.

There was a high level of interest in the development of special nutrition programs for the elderly which would emphasize the acceptance of tribal foods and plants and their integration into nutritious diets.

It is considered essential that program designs for nutrition be developed with full input from tribal communities.

Income

Discussions were held regarding employment possibilities of elders. For example: working with direct program grants to reservations, programs of the Administration on Aging, Title XX service programs, and jobs programs for the elderly.

Social Security benefits and regulations were reviewed.

Discussed were the manpower programs for older persons available through: The National Council of Senior Citizens, the National Council on Aging (NCOA), the American Association of Retired Persons (AARP) and the Farmers Union. Their resources are not presently being utilized on behalf of older Indians.

It was stated that income from the BIA or tribal funds does not count in determining eligibility for Social Security or Supplemental Security Income (SSI).

It was brought out that if an older person earns more than $2,760 per year he may start losing some Social Security benefits. Only wages earned are counted. Income from property is not penalized.

Medicare premiums were discussed. For low income persons Medicare premiums can be paid by Social Security.

The lack of income for maintaining adequate housing is a serious problem for older Indians.

Older Indians do not get enough income to provide themselves with adequate health or nutritional care.

It was recommended that the first $2500 of income for Indians should not be counted in determining eligibility for social services.

There is a need for education on financial matters because many elderly Indians do not know how to manage money. They need help in budgeting and getting the most out of their money.

Isolation keeps the elderly from learning the white man's language and from learning to cope with money problems. It effects their capability for negotiating and obtaining services and necessities.

There is concern about the high prices of goods at trading posts.

Personal Environment

The following areas were identified by the Personal Environment Workshop as requiring action by the Task Force following the Conference.

I. Housing
  a. Nursing homes
  b. Day Care Centers (Twenty-four hour care)
  c. Senior Citizen Centers
  d. Individual housing
II. Sanitation
  a. Utilities, water, electricity and gas
  b. Home Repair and Maintenance
    1. Making home structurally accessible by handicapped people.
III. Transportation
  a. Escort Services
  b. Mobile chair service (Wheelchair)
IV. Homemaker Services
  a. Home health aide
    1. Shopping Services
    2. Laundry services
    3. House cleaning services
    4. Native food nutrition services

Also discussed were:

The need for emergency service communication with Tribal police for the protection of older people so they can request assistance when they are in distress.

The loneliness that older people experience when younger people in the communities leave for school and employment in other parts of the country.

Isolation both in rural and urban areas is severe. Elderly persons in the home by themselves can be sick and no one will know it for days.

There is a need for more ombudsman outreach services for older persons moving into nursing homes, to help them maintain touch with family and community.

More trained homemakers are needed to help old persons maintain their homes.

Recreation and socialization facilities for older people are needed to combat loneliness and depression.

The lack of transportation in rural areas was stressed. Mobility for older persons was discussed as being a high priority necessity.

There is a need for firewood because many reservation Indians live in rural areas where electricity, gas or other fuels are not available.

There is still a need to understand prevailing policies in each state by Indians. It was pointed out that many states no longer require residence as a condition of eligibility for social services.

There is a need for mobil units to provide services to rural areas including cooking instruction, nutrition services, homemaker and personal care services, hot meals, transportation, health services.

Following are some minutes which show the high level of participation of the Navajo Delegation in the Workshop on Personal Environment.

CHAIRPERSON: Theodore Evans
SECRETARY: Rosemary J. Goldtooth
(52 participants in attendance for the Group Session to discuss:)

Nursing Homes

A motion was made by Alfred Becenti seconded by Jake Morgan to make an addition under the recommendation #2 to state: The vacated Public Health Service hospital shall be made available for a Nursing Home for the Navajo Elderly people on the Navajo reservation.

Housing

A motion was made by Effie Curtis regarding recommendation: that any building materials necessary be made available to shelter the Elderly Navajos on the Navajo reservation—seconded by Mrs. Katherine Wallace. Majority voted in favor. An addition of the word *Hogan* be added to Housing on Page 200 of the Navajo Elderly. Motion was made and seconded for this change. Majority voted in favor.

Sanitation

It was suggested that the PL-86-121 and sufficient funds be made available for the Navajo Elderly people on the Navajo reservation. Motion was made by Josephine Nelson and seconded by Katherine Wallace. All in favor.

A motion was made by Mr. Ford Y. Begay—to establish a Senior Citizen's Center located at each of the five agencies within the Navajo reservation to provide services to the Elderly Navajos. This motion was seconded by Effie Curtis. Majority were in favor. None opposed.

Day Care

A motion was made by Katherine Wallace—That funds be made available to one who will provide Day Care and constant visitations to the Elderly Navajo at the local level. Seconded by (name not available). Majority voted in favor.

Refer to *Workshop Topics:*

Addition of items—H. & J.—Homemaker Services, Shopping Services, Laundry Services, House Cleaning Services to be added to the Day Care Services.

Transportation

Paragraph on Page 201—Issue 1. to add the word

Navajo and delete the word American.

Recommendation:

Funds should be allocated to assure Elderly Navajos of their transportation needs. One of the ways the problem could be all alleviated is by providing the vehicles deemed necessary to overcome the existing conditions cited above. However, each Navajo tribe should define its own transportation requirements to fit its respective needs. It was suggested that we the Navajo Tribe would also fully support the requests and/or recommendations made by other American Indian Tribes represented at the National Indian Conference on Aging.

Submitted by,

Rosemary J. Goldtooth
Recording Secretary
PHS Indian Hospital
Tuba City, Arizona
June 16, 1976

Legal Problems

There was considerable discussion in the Workshop on Legal Problems, as well as in the other workshops, of the unavailability of legal counsel for elderly Indians.

The suggestion was made in another workshop that a system be developed for providing identification cards for elderly Indians so that they can receive care anywhere in the country.

It was also recommended that the BIA be responsible for maintaining records on the identity of Indians and that each Indian carry I.D. showing tribal affiliation.

Following are the only minutes available for review at this time of the deliberations of the Legal Workshop.

Legal Workshop Recommendations

1. We recommend that there be direct funding for L.E.A.A. for the elderly. It is suggested that the procedure which successfully implemented C.E.T.A. as a permanent program be employed. Emphasis should be placed upon courts, corrections, and juvenile programs which would provide safety and security for the elderly.
2. We recommend that the age of 45 years old, as established by the National Planning Committee, be adopted as a minimum age for determining elderly Indian.
3. Nursing Homes for the Aged should be located on/or immediately adjacent to tribally owned land.
4. Grant funding should be made for legal education for elderly Indians on Consumer Education, Repossession, Taxes, Credit, Guardianship, Trust, Personal Rights, Property Rights, Rights of Trust Lands, Wills and Estate planning. Emphasis should be placed upon whether or not a lawyer is needed, how does one go about hiring a lawyer and what should one expect a lawyer to accomplish.
5. The National Planning Committee should be assigned as a permanent Task Force on Aging with direct HEW funding.

Oldest man at Toyei, Arizona, Navajo Conference on Aging

PART II. THE NAVAJO CAUCUS

The Navajo Delegation had done some planning prior to coming to Phoenix and had obtained input for the Conference from the Navajo communities in the form of resolutions by the Chapters.

During the Conference, the members of the Delegation decided that instead of sightseeing in the evenings they would rather work. The Caucus group was divided into five sub-groups to parallel the Workshops of the Conference.

The work of the Navajo Delegation was presented to the Conference leaders before the end of the Conference, and is contained in the next pages of this report followed by copies of the resolutions from the Chapters.

STATEMENT OF THE NEEDS OF THE ELDERLY IN THE NAVAJO NATION

The following is a statement of needs of the elderly in the Navajo Reservation which was developed at the first National Indian Conference on Aging, sponsored by the National Tribal Chairmen's Association in Phoenix, Arizona, June 15, 16, 17, 1976.

Content for the Statement was developed by five caucus groups. Each of which considered the details of one of the five "Workshop Topics" of the Conference. The discussions were conducted entirely in the Navajo language with maximum involvement by the elderly representatives of the Delegation.

PRESENTED HEREIN IS:

I. A resolution of the Navajo Delegation supporting legislation authorizing the Federal Government to provide direct funding to Indian Tribes for services for the Aging. (See Section VI)

Also herein presented are statements defining the specific needs of the elderly on the Navajo Reservation in the areas of: Physical well-being, Income, Environment and Legal problems.

II. *Physical Well-being*
  1. *Hospital Care*
    a. Old age Navajos in many cases are neglected in getting adequate medical care in PHS hospitals.
    b. The complaints of the elders are not heard by relatives as well as health and medical workers.
    c. When an old aged person is ill, he is not taken to a physician until he is seriously ill or developing complications.
    d. There is a serious lack of transportation that further contributes to delayed medical attention.
    e. It is considered that the elderly are not receiving adequate medical services on the reservation.
  2. *Outpatient Care*
    a. The elderly are not receiving adequate service in dental care life care, acquiring aids such as hearing aid, eye glasses, false teeth, etc.
    b. Educational information and instructions are not provided adequately in the areas of preventive medicines and personal hygiene due to lack of proper interpretation by Navajo health personnel.
    c. Emergency service is grossly inadequate on the Reservation.
    d. Regarding medicaid and medicare insurance, an intensive educational program should be developed to assist the old age who carry such insurance in understanding and using these insurances properly.
    e. Old age Navajos need Health diagnostic and treatment services in areas of diabetics, hypertension, obesity and nutrition.
  3. *Mental Health Services*
    It is recommended that mental health, social services of IDHS, Tribe, and BIA should in a cooperative manner develop and implement programs in recreational crafts, counseling and educational projects to foster more community involvement.
  4. *Alcoholism and Drug Abuse*
    a. Mental Health and Social Service Agencies should work with other related agencies in developing educational programs and awareness of alcohol and drug abusements.
    b. Half-way houses and other necessary facilities where rehabilitation services can be provided should be established for the Navajo elderly on the reservation.
  5. *In-Home Services*
    a. Care of elderly person in their own home is grossly lacking. The elders are without proper care due to neglect by the children and their inadequate knowledge in providing proper care. The children of the elderly person needs to be trained in providing proper home care, purchasing and preparation of foods.
    b. Educational research projects should be developed and conducted to further the benefits and improvements of our Navajo traditional foods.
    c. The combination of food stamps and commodity surplus food services should be made available to the Navajo elderly.
  6. *Communications*
    a. The elderly in the more rural areas of the reservation are isolated and lack communication with others.
    b. Due to lack of electric power there is no television or radio and thus are further isolated.

c. The elderly need visitation contact by outreach workers who can stop by to bring news and at the same time to check on the immediate needs of the elderly.

7. *Final Expenses*
   a. Final expenses create real hardship for the families of the elderly. Resources are needed to help meet these rising expenses, at present only those with very low incomes are assisted.
8. *Equipment for the Sick*
   a. There is urgent equipment needs for the sick and disabled. For example: artificial limbs, walkers, hospital type beds, and portable toilets, etc.
9. *Nutrition*
   a. Malnutrition is a pressing and continuing problem among the Navajo elderly. There is a need for additional nutrition program to supplement the three Title VII Nutrition programs on the reservation. Because of the vast distances on the reservation, there is no way to provide either congregate site meals or meals on wheels for many older persons who are not getting adequate nutrition to stay healthy. The present three programs also need additional funding.

III. *Income*

   a. The elderly Navajo should have an income which would permit him to live the rest of his life in health, decency, and dignity.

   b. That benefits be extended to all male and female elderly upon reaching the age of eligibility regardless of their participation during previous periods of employment.

   c. A large percentage of elderly Indian people do not have sufficient income to cover housing and utility costs of existing programs along with the other necessities of life. The employment needs of the Indian elderly are not met.

   d. The elderly Indians must be permitted to work or earn income for as long as they want or are able. They should not be required to forfeit parts of other benefits when continuing to earn.

   e. That manpower programs be designed to retain the people on or near the homelands of the elderly.

IV. *Environment*

1. *Nursing Homes*
   a. There is a need for nursing homes to be located in close proximity of the home community of the older person so he could stay in touch with family and friends.

   b. Federal funds should be made available to the Navajo Nation for the design, construction and operations of these facilities on the local levels.

   c. Indian Nursing Homes or Sheltered Care Facilities on the reservation should not have any state controls imposed on them, rather federal regulations should govern these facilities, similar to the Indian Health Service Hospitals.

   d. Navajo design of nursing homes are important because present models do not take consideration of the social, emotional and physical needs of the Navajo elderlies.
2. *Housing*
   a. A large percentage of elderly Navajos do not have sufficient income to cover for the cost of housing and utilities.

   b. Program policies governing housing should not be restricted but should be adaptable to the housing needs of the elderly and their financial capability. Wherever necessary, provisions of housing at no cost should be provided for the Navajo elderly.
3. *Home Repairs and Maintenance*
   a. We urge the continuation of present ONEO assistance in repairs and maintenance of dwellings. More resources of this type are needed particularly for hogan type homes.
4. *Winterization and Weatherization of Homes*
   a. Many Navajo elderly live in inadequate housing that is too cold in winter and too hot in the summer.

   b. There is a need for material and labor to make homes safer and more healthful for older people who cannot afford to improve their homes themselves.
5. *Fuel*
   a. Lack of electricity and fuel cause serious needs among the elderly for heating and cooking purposes.

   b. Funds are needed for the purchase and delivery of fuels to aging persons who have no means of obtaining them for themselves.
6. *Water*
   a. We urge the implementation and extension of public law 86-121 to provide water for the elderly Navajos.
7. *Electricity*
   a. Although huge power lines cover the Reservation, many Navajo families are entirely without access to these power resources.

   b. This hardship is especially difficult for the elderly because it means that refrigeration is not available to them for preserving food and budget meals.

   c. They have no recreational means of radio and television, nor do they have physical comforts of lights, fans, etc., which are basic comforts for people outside the reservation.
8. *Senior Citizens Centers*
   a. Social and recreational opportunities should seriously be established for the elderly.

   b. These centers can serve dual purposes of providing supportive services, and a constructive means of helping the elderly maintain the customs of the culture.

9. *Day Care Centers*
   - a. There is a need for several kinds of Day Care Centers that would provide the maximum of benefits for the elderly:
     - (1) Community Day Care Centers for children but where the elderly can serve in taking care of the young ones.
     - (2) Visitation Day Care Service where outreach workers can call on the elderly to assist in their needs and problems.
     - (3) Day Care Facilities where the aging can spend the entire day or stay overnight for short periods of time without the lack of care of companionship.
   - b. These facilities need to be built near Chapter Houses and utilities sources for maximum benefit and reduce mammoth problems of transportation.

10. *Transportation*
   - a. There is a need for the construction and improving of roads in the entire reservation.
   - b. Transportation is very limited with no cross-reservation mobility sources. Most of the elderly are not in a position to drive or own a vehicle for their own transportation.
   - c. Because of this lack of transportation, the Navajo elderly cannot acquire those necessities and supplies which would assure them of a normal and healthy life.
   - d. There is a need for additional vehicles, mileage allowances, fuel and personnel to operate transportation services both in and outside the reservation.

11. *Homemaker Service*
   - a. The present ONEO Homemaker program should be continued and increased. Among the elderly there is a continual need for shopping, laundry, house cleaning, food preparations and moral support.

V. *Legal*

1. *Legal Accessibility*
   - a. The elderly Navajo does not have local accessibility to legal services.
   - b. Because of language barriers and understanding of the process the elderly are a vulnerable target group.
   - c. Legal services would also afford the elderly with protection and an improved sense of security.
   - d. There is a need for elderly Navajos now residing in public domain land to secure releases for the purchase of land for homesites.

VI. PROPOSED RESOLUTION OF THE NAVAJO DELEGATION CONFERENCE ON AGING NATIONAL TRIBAL CHAIRMEN'S ASSOCIATION

Requesting the NTCA to Support Direct Funding of Older Americans' Assistance Programs Within the Navajo Nation

WHEREAS:

1. There are over 14,000 older Navajo Americans residing within the Navajo Nation; and

2. The Navajo Nation extends over three different states, over ten Counties and three Federal Regions; and

3. State programs designed to assist Older Americans have often failed to provide equal opportunity for access to programs or equal levels of services to Navajo Older Americans; and

4. Federal and state regulations and guidelines are often inappropriate and unworkable in the unique environment of the Navajo Nation; (and)

5. State programs have failed to take in to account the special problems of Navajo Older Americans and Navajo input has not been used in designing these programs; and

6. The poverty which is an unwelcome companion of almost all Navajo Older Americans makes it critical that programs designed to relieve this poverty be made available to Navajo Older Americans; and

7. The direct funding of Older Americans' programs, specially designed to meet the unique problems of Navajo Older Americans, and uniformly available throughout the Navajo Nation under the sponsorship of an organization designated by the Navajo Tribal Council will make the lives of the affected Navajo people more meaningful and carry out the intent of the Congress as expressed in the Older Americans Act of 1975.

NOW THEREFORE BE IT RESOLVED THAT:

The Navajo delegation to the Conference on Aging of the National Tribal Chairmen's Association, representing the Navajo Tribal Council and the Navajo people requests the NTCA to support the direct funding of Older Americans' Assistance Programs within the Navajo Nation from the Federal Government to the Navajo people through the sponsorship of an organization designated by the Navajo Tribal Council.

VII. RESOLUTION OF THE CHAPTERS

On the following pages are resolutions which were adopted by Chapters of the Navajo Nation for presentation at the first National Indian Conference on Aging. The resolutions were developed at planning meetings of the Chapters and brought to the Conference by members of the Navajo Delegation to the Conference.

EXACT COPY

June 7, 1976

Resolution of the *Birdspring Chapter*
District #5 - Navajo Nation

Subject: Food Surplus Commodity on Navajo Reservation. Requesting the expansion of the Food Surplus Commodity issues to the Navajo families on the Navajo Reservation.

Whereas:

1. We, the people of Birdspring Chapter do hereby request for the expansion of the Food Surplus Commodity issues to the Navajo families.
2. That the Food Surplus Commodity issues was going fine for the families, some do have little education and still some did not have any education, mostly elderlys.
3. Their learning in (how to cook) was carried on by ONEO Food Service personnel throughout the Navajo Nation, which was a great benefit to the families food and health.

Now therefore Be it Resolved that:

The Birdspring Chapter do hereby request that the Food Surplus Commodity issues to the families be extended on.

Certification

We hereby certify that the foregoing Chapter Resolution was duly considered by the Birdspring Chapter meeting at which a quorum was present, and that the same was passed by a vote *60* in favor, and *0* opposed. On this *7th* day of *June*, 1976.

Chapter President: Ned Joe

Vice President: Alex Williams, Sr.

Chapter Secretary: Ella W. Kelley

Councilman: Hoover Schultz

EXACT COPY

June 7, 1976

Resolution of the *Birdspring Chapter*
District #5 - Navajo Nation
Elderly Citizens

Subject: Housing, In Navajo Nation
Requesting for Home Improvement Program for our Birdspring Chapter and all Chapters in Navajo Nation.

Whereas:

1. It's been a *downgrade* in Home Improvement Program the past years, many, many Navajos are waiting, year after year to have a home built in the reservation.
2. It was claimed of the *shortage of funds* (to upgrade many sub-standard houses) that are ¼ or ½ built.
3. In our Navajo Reservation, our *real older Navajos* still prefer to live in their hogans. We are requesting for their homes, the *Hogan structured* type built for them for their satisfaction.

Now therefore Be it Resolved that:

The Birdspring Chapter do hereby request for better Home Improvement Program on Navajo Reservation.

Certification

We hereby certify that the foregoing Chapter Resolution was duly considered by the Birdspring Chapter Meeting at which a quorum was present, and that the same was passed by a vote *60* in favor, and *0* opposed. On this 7th of June, 1976.

Chapter President: Ned Joe
Vice President: Alex Williams, Sr.
Chapter Secretary: Ella W. Kelley
Councilman: Hoover Schultz

EXACT COPY

Resolution of the *Birdspring Chapter*
District #5 - Navajo Nation

Subject: Waterlines for home use.
Requesting for water use in homes along the water line. (Birdspring Chapter Area).

Whereas:

1. We the people of the Birdspring Chapter do hereby request for water usage in homes.
2. Under the authority of P.H.S., we can't use the water in homes *unless* the family build an extension to their homes, for bathroom and kitchen facilities.
3. Visiting a home, in most places you will find an *elderly* woman or man at home. Will they do the building of extension to their homes?

Now therefore Be it Resolved that:

The *Birdspring Chapter* do hereby request for the immediate use of water in homes.

We hereby certify that the foregoing Chapter Resolution was duly considered by Birdspring Chapter Meeting at which a quorum was present, and that the same was passed by a vote *60* in favor, and *0* opposed. On this *7th* day of *June*, 1976.

Chapter President: Ned Joe
Vice President: Alex Williams, Sr.
Chapter Secretary: Ella W. Kelley
Councilman: Hoover Schultz

EXACT COPY

Resolution of *Birdspring* Chapter

Requesting For the Expansion of the Congregate Meal Site to All Chapters through-out the Reservation.

WHEREAS:

1. We, the people of *Birdspring* Chapter do hereby request for the expansion of the Congregate Meal Site to all the Chapters and
2. that the Congregate Meal be for the Elderly Navajos over 50 years of Age and
3. that the Elderly Navajo would benefit from the Meals nutritional and socially and
4. that the social gatherings would serve as the place to pass on vital information on the latest happenings at all levels.
5.

Now therefore Be it Resolved that:

1. the *Birdspring* chapter do hereby Request that the Navajo tribe Expand the Congregate Meal Sites to all Chapters.

Certification

We hereby Certify that the foregoing Chapter Resolution was duly considered by the Birdspring Chapter meeting at which a quorum was present, and that the same was passed by a vote of *60* in favor and *0* opposed on this *7* day of *June* 1976.

Chapter President: Ned Joe
Vice President: Alex Williams, Sr.
Chapter Secretary: Ella W. Kelley
Councilman: Hoover Schultz

EXACT COPY

June 7, 1976

Resolution of the *Birdspring Chapter*
District #5 - Navajo Nation

Subject: Public Health Service Hospital, Winslow, AZ.
Requesting more immediate attention at the Public Health Service Indian Hospital, at Winslow, Arizona.

Whereas:

1. We the people Birdspring Chapter do hereby request for the immediate attention by all hospital staff.
2. In the past, we hear from the Navajo people that some *sick*, young and old, did wait many hours to be attended to.
3. And some *sick* do get sent back home and told to come back if it got worse. Admittance is the subject.
4. We all hear of proposed new P.H.S. hospital to be built at Winslow, Arizona. Will this kind of work be carried on?

Now therefore Be it Resolved that:

The *Birdspring Chapter* do hereby request for the better and immediate attention for a sick Navajo or any that do come in for help at Hospital.

Certification

We hereby certify that the foregoing Chapter Resolution was duly considered by Birdspring Chapter Meeting at which a quorum was present, and that same was passed by a vote *60* in favor and *0* opposed. On this day of *7th of June*, 1976.

Chapter President: Ned Joe
Vice President: Alex Williams, Sr.
Chapter Secretary: Ella W. Kelley
Councilman: Hoover Schultz

Resolution of Bread Springs Chapter

Requesting for More Funding within the Navajo Reservation to be used for Aging

WHEREAS:

1. That Congregated Meal is not being in service at the Chapter House, and
2. That health problems are so great among young and old, and
3. That transportation is needed to transport the aged people to the stores, hospitals and other social events, and
4. That alcoholic beverages is our number one problem, and
5. That income for the elderly should be increased to meet today's needs, and
6. That most elderly do not want to spend the rest of their life in old age home, but rather stay living at the present homes.

NOW THEREFORE BE IT RESOLVED THAT:

1. More funds be made available so that each chapter house will be able to serve the elderlys on their needs.
2. More funds be made available for employment to hire more staff to work with the elderlys and staff should be given a high salary in order for them to work 100% of the elderly needs.
3. The people involved working with the elderlys hereby do with all their powers to meet the above requests for the Navajo Reservation.
4. The Bread Springs Chapter of the Navajo Tribe do believe that the only way things will be able to function is with Funds.
5. For that reason, we strongly support and request for more funding for the Aging Program.

CERTIFICATION

I hereby certify that the foregoing Chapter Resolution was duly considered by the Bread Springs Chapter meeting at which a quorum was present, and that the same was passed by a vote of 48 in favor and none opposed on this 13th day of June 1976.

/s/ Mrs. Annie Descheny
Chapter President

Motion: Tom Lee
Seconded: Calvin Yazzie

Resolution of Bread Springs Chapter

Requesting for the expansion of the Congregate Meal Site to all Chapters throughout the reservation.

WHEREAS:

1. We, the people of Bread Springs Chapter do hereby request for the expansion of the Congregate Meal Site to all the Chapters and
2. that the Congregate Meal be for the elderly Navajos over 50 years of age and
3. that the elderly Navajos would benefit from the meals nutritionally and socially and
4. that the social gatherings would serve as the place to pass on vital information on the latest happenings at all levels.

NOW THEREFORE BE IT RESOLVED THAT:

1. The Bread Springs Chapter do hereby request that the Navajo Tribe expand the Congregate Meal Sites to all Chapters.

CERTIFICATION

We hereby certify that the foregoing Chapter resolution was duly considered by the Bread Springs Chapter meeting at which a quorum was present, and that the same was passed by a vote of 48 in favor and None opposed on this 13th day of June 1976.

/s/ Annie Descheeny
Chapter President

/s/ Rose L. DuBois
Chapter Secretary

/s/ Ambrose E. Lincoln, Sr.
Vice President

/s/ Edward T. Begay
Councilman

Resolution of Crownpoint Chapter

Requesting for the expansion of the Congregate Meal Site to all Chapters throughout the reservation.

WHEREAS:

1. We, the people of Crownpoint Chapter do hereby request for the expansion of the Congregate Meal Site to all the Chapters and
2. that the Congregate Meal be for the elderly Navajos over 50 years of age and
3. that the elderly Navajos would benefit from the meals nutritionally and socially and
4. that the social gatherings would serve as the place to pass on vital information on the latest happenings at all levels.

NOW THEREFORE BE IT RESOLVED THAT:

1. The Crownpoint Chapter do hereby request that the Navajo Tribe expand the Congregate Meal Sites to all Chapters.

CERTIFICATION

We hereby certify that the foregoing Chapter resolution was duly considered by the Crownpoint Chapter meeting at which a quorum was present, and that the same was passed by a vote of 34 in favor and 0 opposed on this 8th day of May 1976.

/s/ Lincoln Perry Chapter President	/s/ Herbert Freeland Chapter Secretary
/s/ Julian McCauley Chapter Vice-President	(unsigned) Councilman

Recommendations of Forest Lake Chapter
(Old Age Conference in Phoenix, Arizona)

Requesting the Aging Conference: to recognize the needs of the old aged-people, and disabled people and children to take immediate action to resolve these needs,

Whereas:

1. The present hospitals lack the facilities to accomodate the old-aged people and proper care needed.
2. Some old-aged people lack the proper lavatory facilities.
3. Provide transportation to and from trading posts and hospitals.
4. Recommend Rest Homes in their own Areas: close to their relatives, and near a Pre-School, where they can keep close contact with youngsters.
5. Their Expertise, would be made available to other programs.
6. Recommending own traditional foods served them, also their clothing as well. In that respect feel more at Home and useful and less lonely .
7. Above all please consider their needs; they are only Human too.

THEREFORE BE IT RESOLVED THAT:

1. For immediate response to Forest Lake Chapter, a hospital be constructed nearby to accommodate the old-aged people with the proper facilities.
2. More out-houses to be built for the old-aged people.

We certify that the above recommendations were made at a duly called meeting of the chapter on the 12th day of June, 1976, where 39 in favor and 0 opposed.

/s/ Wade Hadley Chapter President	/s/ Roger Silver Vice President	/s/ Dorothy Redhair Chapter Secretary

Sam Honie, is the representative from Forest Lake/Kitsillie Chapters for the up-coming Conference in Phoenix, Arizona, on June 14 to 18, 1976.

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Resolution of Ft. Defiance Chapter

Requesting for the expansion of the Congregate Meal Site to all Chapters throughout the reservation.

WHEREAS:

1. We, the people of Ft. Defiance Chapter do hereby request for the expansion of the Congregate Meal Site to all the Chapters and
2. that the Congregate Meal be for the elderly Navajos over 50 years of age and
3. that the elderly Navajos would benefit from the meals nutritionally and socially and
4. that the social gatherings would serve as the place to pass on vital information on the latest happenings at all levels.

NOW THEREFORE BE IT RESOLVED THAT:

1. The Ft. Defiance Chapter do hereby request that the Navajo Tribe expand the Congregate Meal Sites to all Chapters.

CERTIFICATION

We hereby certify that the foregoing Chapter resolution was duly considered by the Ft. Defiance Chapter meeting at which a quorum was present, and that the same was passed by a vote of 61 in favor and 0 opposed on this 13th day of June 1976.

/s/ William Cadman
Chapter President

/s/ Kenneth Foster
Chapter Secretary

/s/ Howard McKinley
Chapter Vice-President

/s/ Robert Natonabah, Sr.
Councilman

Resolution of Kayenta Chapter

Requesting the Establishment of Extended Care Facility in Tuba City Utilizing the Newly Vacated Hospital

WHEREAS:

1. The Western Navajo Agency have been without extended care facility, therefore, senior citizens have been referred to facilities outside the reservation, and
2. The Kayenta Chapter have often time expressed a need for a community hospital and/or Extended Care Facility to be established in Kayenta, and
3. The Kayenta Chapter have many senior citizens, others that will be in that age bracket in the near future, and a possibility of a facility is high in Kayenta.

NOW THEREFORE BE IT RESOLVED THAT:

1. Kayenta Chapter hereby request the utilization of newly vacated Tuba City Hospital for an Extended Care Facility for the Aged.
2. Kayenta Chapter further declares the need for such a facility in Kayenta for their own elderly people.

CERTIFICATION

We hereby certify that the foregoing resolution was duly considered by the Kayenta Chapter at a duly called meeting at Kayenta, Navajo Nation (Arizona), at which a quorum was present and that same was passed by a vote of *48* in favor and *0* opposed, this *23* day of *May*, 1976.

/s/ Keith H. Smith, Sr.
Chapter President

/s/ Lula Seaton
Chapter Secretary

/s/ Elwood Gene
Chapter Vice-President

/s/ Elwood J. Saganey
Council Delegate

Leupp Chapter Resolution

Expressing the Important Needs of
The Senior Citizens of Leupp Chapter.

WHEREAS:

1. The Leupp Chapter had from time to time experienced the need to care for Senior Citizen, and

2. At the present time they are usually placed in homes out or with relatives due to lack of housing of their own and they are often left by themselves or only with small children. The need for Nursing Home and care demands year round, and

3. Homes are scattered five (5)-Ten (10) miles apart with bad roads to almost all the homes, water and wood for fuel has to be hauled. There is no special program or funds for any improvement for this situation, and

4. The Leupp Community Chapter strongly believes a Nursing Home is needed with full facilities in larger communities to avoid them being stranded in storms or sickness, and

5. At the present the Commodity Food is a help to these folks, rather than Food Stamps, and

6. Elderly Citizens have no housing or Substandard housing suited to extreme Weather Conditions.

NOW THEREFORE BE IT RESOLVED:

1. Because we the Leupp Chapter believe that there is great need for these folks. We are sending a Representative to the National Indian Conference on aging, to be heard and we unanimously approved this resolution.

CERTIFICATION

We hereby certify that this foregoing resolution was duly considered by the Leupp Chapter Meeting at which a quorum was present, and that same was passed by a vote of *32* in favor and *0* opposed on this *1st* day of *May*, 1976.

/s/ Riley Jones
Leupp Chapter President

/s/ Evelyn Riggs
Leupp Chapter Secretary

/s/ Frank Tohannie
Leupp Chapter Vice-President

/s/ George H. Kirk
Leupp Councilman

Leupp Chapter Resolution

Requesting For The Expansion Of The Congregate Meal Site
To All Chapters Through-out The Reservation.

WHEREAS:

1. We, the people of Leupp Chapter do hereby request for the expansion of the Congregate Meal Site to all the Chapters, and

2. The Congregate Meal be for the Elderly Navajos over 50 years of age, and

3. The Elderly Navajos would benefit from the Meals Nutritionally and Socially, and

4. The Social Gatherings would serve as the place to pass on vital information on the latest happening at all levels.

NOW THEREFORE BE IT RESOLVED THAT:

1. The Leupp Chapter do hereby request that the Navajo Tribe Expand the Congregate Meal Sites to all Chapters.

CERTIFICATION

We hereby certify that the foregoing Chapter Resolution was duly considered by the Leupp Chapter Meeting at which a quorum was present, and that same was passed by a vote of *41* in favor and *0* opposed on this *29th* day of *May* 1976.

/s/ Riley Jones
Leupp Chapter President

/s/ Evelyn Riggs
Leupp Chapter Secretary

/s/ Frank Tohannie
Leupp Chapter Vice-President

/s/ George H. Kirk
Leupp Councilman

Resolution of Klagetoh Chapter

Requesting for the expansion of the Congregate Meal Site to all Chapters throughout the reservation.

WHEREAS:

1. We, the people of Klagetoh Chapter do hereby request for the expansion of the Congregate Meal Site to all the Chapters and
2. that the Congregate Meal be for the elderly Navajos over 50 years of age and
3. that the elderly Navajos would benefit from the meals nutritionally and socially and
4. that the social gatherings would serve as the place to pass on vital information on the latest happenings at all levels.

NOW THEREFORE BE IT RESOLVED THAT:

1. The Klagetoh Chapter do hereby request that the Navajo Tribe expand the Congregate Meal Sites to all Chapters.

CERTIFICATION

We hereby certify that the foregoing Chapter resolution was duly considered by the Klagetoh Chapter meeting at which a quorum was present, and that the same was passed by a vote of 56 in favor and 0 opposed on this 9th day of June 1976.

/s/ Murray Lincoln
Chapter President

/s/ Nancy Dixon
Chapter Secretary

/s/ Ben H. Kee
Chapter Vice-President

/s/ Annie D. Wauneka
Councilman

Resolution of Naschitti Chapter

Requesting for the expansion of the Congregate Meal Site to all Chapters throughout the reservation.

WHEREAS:

1. We, the people of Naschitti Chapter do hereby request for the expansion of the Congregate Meal Site to all the Chapters and
2. that the Congregate Meal be for the elderly Navajos over 50 years of age and
3. that the elderly Navajos would benefit from the meals nutritionally and socially and
4. that the social gatherings would serve as the place to pass on vital information on the latest happenings at all levels.

NOW THEREFORE BE IT RESOLVED THAT:

1. The Naschitti Chapter do hereby request that the Navajo Tribe expand the Congregate Meal Sites to all Chapters.

CERTIFICATION

We hereby certify that the foregoing Chapter resolution was duly considered by the Naschitti Chapter meeting at which a quorum was present, and that the same was passed by a vote of 49 in favor and 0 opposed on this 8 day of June 1976.

/s/ Steven A. Morris
Chapter President

/s/ Hazel Henry
Chapter Secretary

/s/ Benjamin Henry
Chapter Vice-President

/s/ Noah Notah
Councilman

Resolution of the Navajo Mountain Chapter

Requesting Navajo Tribal Office of Social Services to Provide Services and Care for Elderly Navajo People within the Local Navajo Communities.

WHEREAS:

1. The Navajo Tribe has contracted with the State of Arizona for the purchase of social services within the Navajo Nation pursuant to Title XX of the Social Security Act; and

2. Title XX, as it relates to the Navajo Nation, provides that the local needs of the Navajo people are to be given prime consideration in establishing a social service plan; and

3. Title XX mandates that expenditures under Title XX should be directed towards helping individuals and families achieve certain goals, one of which is:

> "Preventing or reducing inappropriate institutional care by providing for community based care, home based care, or other forms of less intensive care".

NOW THEREFORE BE IT RESOLVED THAT:

The Navajo Mountain Chapter hereby respectfully requests the Navajo Tribal Office of Social Services and all other Navajo Tribal departments authorized to administer programs under Title XX of the Social Security Act to implement the mandates of Title XX by providing care and services for elderly Navajo people within their local communities (i.e., at the Chapter level).

CERTIFICATION

We hereby certify that the foregoing resolution was duly considered by the Navajo Mountain Chapter at a duly called meeting at Navajo Mountain, Navajo Nation (Arizona), at which a quorum was present and that same was passed by a vote of *58* in favor and *0* opposed, this *12* day of *June*, 1976.

/s/ Gilmore Graymountain
Chapter President

/s/ Rex Neztsosie
Chapter Vice President

/s/ Nancy Folgheriter
Chapter Secretary

/s/ H. Drake, Sr.
Tribal Council Delegate

Resolution of Red Lake Chapter
Western Navajo Agency

Requesting The National Indian Conference On Aging in Phoenix, Arizona to consider, adopt and implement the services adherences to the old age and health related group of Navajo people in Land Dispute Area and 1934 Bennett Freeze Area.

Whereas:

1. The Red Lake Chapter and the Councilman acts for and on behalf of the Navajo people at local level with B.I.A., P.H.S., Navajo Tribal programs, etc; and
2. The B.I.A. Agency, P.H.S., Navajo Tribe and manifold level of services are available but the Old Age groups still are in grave need of proper services rendered to minimized Physical and Psychological hardships; and
3. The Old Age group interviewed and observed has expressed the unnecessary jeopardy and the hardships of the land dispute of 1882 Executive Order Reservation; and
4. Pursuant to Public Law 93-531, the Congress delegated responsibilities to Bureau of Indian Affairs Joint Use Administration to reduce livestocks, and Relocation Commission to relocate affected Navajo families; and
5. The Court Order, as a result of P.L. 93-531, Navajo families may be required to relocate, and failure to compensate these affected families for their habitation, improvements, and grazing Permit would mean added hardship and jeopardize the chance of peaceful rehabilitation elsewhere; and
6. The Navajo people experiences with land dispute dilemma with the problems of reduction, relocation, 1934 Bennett Freeze and no more improvements of any kind has psychological side effects on the Navajo people, especially the old people who had inevitable experiences with Re-organization Act under John Collier Administration; (and)
7. As a result of the land dispute, services are not administered nor funds appropriated by the B.I.A., P.H.S., Navajo Tribe etc. in the area of housing, water developments, P.H.S. Care Center for the Old Age, Clinics, roads, school and there exist no opportunity for employment; and
8. The existing communities members are estated in remote area with long distances to Water; Windmill, Jack pump well which are often unsanitary with open top, some Navajo people still use wagon and team to haul water, wood, or, they have to pay the owner of vehicle for the transportation; and
9. The Navajo Nation has the necessary natural resources yet we lack the modern facilities and utilities; and
10. The Old Age group expressed grief and concern for the welfare of their Progeny over matters relating to Navajo-Hopi land dispute, invalid grazing permit which took effect in 1972. This grazing permit may be the only most valuable thing they own, depending substantially on livestock for subsistence in this high cost of living economically, their incomprehensibility of Food Stamp Program so requests are made to continue Food Help Program or Commodity Food Programs to the Navajo people. If and when relocation take effect on the Navajo people, it is a misgiving to relocate from their sacred shrines and ancestral and relative burial which would cause health problem, sickness and death as it is testified in Federal District Court by Anthropologists Professor Thayer Scudder and Professor David Aberle; and
11. The majority of the Navajo people live in hogans with dirt cover and dirt floor with the unsanitary conditions and overcrowded. The children that spent nine months in school are sent back to this kind of condition which is totally opposite from what they are being taught in school; and
12. Every effort should be made by this convention to alleviate these conditions and incorporate appropriate ways of providing necessary services suitable for the old age group.

Now Therefore Be It Resolved That:

1. The Red Lake Chapter Acts in the best interest of the Navajo people, requests the National Indian Conference On Aging to expedite by concerted efforts in providing and insuring proper services to the Navajo people in land dispute area and Freeze Area; and
2. We request better services in housing; implement major sanitary water development, provide transportation for the Aged to P.H.S., Clinics and trading; services for health related victims among younger Navajos; continue Food Commodity program, better clinical facilities and services; extend electrical power to the Red Lake School, Clinic, Chapterhouse, and to the people along the line of extension; better road maintenance; paved highway from Red Lake to Kaibeto; provide opportunities for employment suitable young and old in place of reduction, also the distant employed relatives will be close to their old age people, and
3. We further request National Indian Conference to recommend Public Service Employment-

Comprehensive Employment and Training Act in Window Rock to utilize the manpower to implement hogans or housing construction and field work for people in place of reduction programs.

4. If the services to alleviate unsanitary conditions or/and employment is not to be provided for subsistance and self-supporting, then set the retirement age, ten years below the standard for the Navajo people; and
5. Last but not least, we request National Indian Conference to recommend Joint Use Administrative Office to purchase livestock at the highest economic Value of the livestock, including the wool, hide and meat, rather than current based market value.

CERTIFICATION

We Hereby Certify That The Foregoing Resolution was duly considered by Red Lake Chapter, (Tonalea, Arizona), at a duly called meeting, at which a quorum was present and that passed by a vote of 77 in favor and none opposed, this 12th day of June, 1976.

Councilman Concur
Joe Dayzie

Chapter Officers
Rube Watson, President
Joe Klain, Vice President
Billy Reese Joe, Secretary

Resolution of ______Red Rock______ Chapter

Requesting for the expansion of the Congregate Meal Site to all Chapters throughout the reservation.

WHEREAS:

1. We, the people of ______Red Rock______ Chapter do hereby request for the expansion of the Congregate Meal Site to all the Chapters and
2. that the Congregate Meal be for the elderly Navajos over 50 years of age and
3. that the elderly Navajos would benefit from the meals nutritionally and socially and
4. that the social gatherings would serve as the place to pass on vital information on the latest happenings at all levels.

NOW THEREFORE BE IT RESOLVED THAT:

1. The ______Red Rock______ Chapter do hereby request that the Navajo Tribe expand the Congregate Meal Sites to all Chapters.

CERTIFICATION

We hereby certify that the foregoing Chapter resolution was duly considered by the ______Red Rock______ Chapter meeting at which a quorum was present, and that the same was passed by a vote of ___49___ in favor and ___0___ opposed on this ___6___ day of ___June___ 1976.

/s/ Ben Spencer
Chapter President

/s/ John Pinto
Chapter Secretary

/s/ Robert Ortiz
Chapter Vice-President

/s/ Edward T. Begay
Councilman

Resolution of the Rock Springs Chapter

Subject: Requesting fund for construction of hogans for elderly people.

Whereas:

1. The Rock Springs Chapter is concerned about the elderly people's living conditions. Meaning that they are not used to staying in living quarters or houses, normally they are used to hogans which they have lived in from their childhood. For this purpose a fund is needed to be provided to build hogans wherever it is needed or requested.

2. The elderly people need what they prefer and they need assistance besides. Furthermore they like to be near relatives and friends.

Now Therefore be it resolved that:

The Rock Springs Chapter humbly requests the foregoing resolution be thoroughly discussed for approval as requested.

Certification

We hereby certify that the foregoing resolution was moved for adoption by Tom Robinson, seconded by Betty H. Yazzie with forty in favor, none opposing at a duly called chapter meeting at Rock Springs Chapter on June 9, 1976.

Chapter Officers
President: /s/ Joe Nelson
Vice President: /s/ George Begay
Secretary: /s/ Allen Nelson Chee
Councilman: /s/ Willis H. Peterson

Resolution of the Rock Springs Chapter

Subject: Construction of building for foster parents at every local chapter

Whereas: 1. The Rock Springs Chapter has frequently been experiencing what is needed for our elderly people and for those who are being sent to various places where it is unsuitable for them and relatives. Funds should or must be provided to construct care centers at every community chapter so old parents won't be so far off from home.

2. At the present our old people are being sent to Durango, Phoenix and other various places to be taken care of, but it is not of standard approval with relatives and friends. They should be closer to home where relatives can be in touch with them regularly and feel at home instead of being off reservation.

3. The Rock Springs Chapter is very enthusiastic and active to approve and accomplish the provision of a better service for our people.

Now Therefore be it resolved that:

1. The Rock Springs Chapter humbly requests that a care center building be constructed at the local chapter house for approved service to our people and better communication.

The foregoing resolution must be thoroughly discussed as it is requested.

Certification:

We hereby certify that the foregoing resolution was moved for adoption by Tom Robinson, seconded by Betty H. Yazzie, with forty in favor, none opposing at a duly called chapter meeting at Rock Springs Chapter House on June 9, 1976.

Chapter Officers
President: /s/ Joe Nelson
Vice President: /s/ George Begay
Secretary: /s/ Allen Nelson Chee
Councilman: /s/ Willis H. Peterson

Resolution of the Rock Springs Chapter

Subject: Requesting commodities to continue for the Eastern Navajo Agency

Whereas:

1. The Rock Springs Chapter has been very active to improve the needs for the community, to provide a better service for our community people, young and old.

2. The Rock Spring Chapter has been experiencing frequently concerning the inadequacy of financial benefits compared with today's food prices and are requesting for commodities to be reinstated and continue for Eastern Navajo Agency Checkerboard Area, for one possible reason: Most people on their behalf do not receive enough income to purchase food stamps and this is where the commodities should be provided for lower income families. At the present time, unemployed families have hardship to get hold of some finances to purchase what is needed for their children and themselves. So due to this fact, the request for commodities to continue must be thoroughly discussed and not be rejected. This benefit is for lower income families and they truly need it.

3. The Rock Springs Chapter strongly have experienced the needs for community people to provide better equal service to our people.

Now Therefore be it resolved that:

1. The Rock Springs Chapter strongly requests that the foregoing resolution be thoroughly discussed and approved. Furthermore the Rock Springs Chapter wants to provide necessary assistance to lower income families that need outside assistance and this is where our request must come in.

Certification:

It is hereby certified that the foregoing resolution was moved for adoption by Tom Robinson, seconded by Betty H. Yazzie, thoroughly considered and discussed, adopted by a vote of forty in favor and none opposed, at a duly called meeting of the Rock Springs Chapter on June 9, 1976.

Chapter Officers
President: /s/ Joe Nelson
Vice President: /s/ George Begay
Secretary: /s/ Allen Nelson Chee
Councilman: /s/ Willis H. Peterson

Resolution of Rock Springs Chapter

Requesting for the expansion of the Congregate Meal Site to all Chapters throughout the reservation.

WHEREAS:

1. We, the people of Rock Springs Chapter do hereby request for the expansion of the Congregate Meal Site to all the Chapters and
2. that the Congregate Meal be for the elderly Navajos over 50 years of age and
3. that the elderly Navajos would benefit from the meals nutritionally and socially and
4. that the social gatherings would serve as the place to pass on vital information on the latest happenings at all levels.

NOW THEREFORE BE IT RESOLVED THAT:

1. The Rock Springs Chapter do hereby request that the Navajo Tribe expand the Congregate Meal Sites to all Chapters.

CERTIFICATION

We hereby certify that the foregoing Chapter resolution was duly considered by the Rock Springs Chapter meeting at which a quorum was present, and that the same was passed by a vote of 38 in favor and 0 opposed on this 9 day of June 1976.

/s/ Joe Nelson
Chapter President

/s/ Allen Nelson Chee
Chapter Secretary

/s/ George Begay
Chapter Vice-President

/s/ Willis D. Peterson
Councilman

Resolution of Rough Rock Chapter
(Old Age Conference in Phoenix, Arizona)

Requesting the Aging Conference recognize the Need of the Old-Aged people, and disabled people and Children to take immediate Action to resolve their need.

1. The Present Hospital lack the facilities to Accommodate the Old-Aged people and Proper Care Needed
2. Some old-aged people lack the proper lavatory facilities.
3. Provide Transportation to and from Trading Post and Hospital.
4. Recommend Rough Rock Demonstration School in their own Area. Close to relatives, and near a School, where they can keep close, contact, with youngsters.
5. Recommendation own Traditional foods served them, also their clothing as well. In that respect feel more at Home and useful and less lonely.
6. Their Expertise would be made Available to other Program.
7. Above all please Consider their need. They are only Human too.

(Therefore Be it Resolved that)

1. For immediate response to Rough Rock Chapter a Hospital be constructed Nearby to Accommodate the Old-Aged people with the proper facilities.
2. More Out-Houses to be built for the Old-Aged people.

We Certify that the above recommendation was made at a duly called meeting of the Chapter on the 12th day of June 1976 where 49 in favor and (0) opposed.

Chapter Officers
President: Billy Johnson
Vice President: Yellow Hair Begay
Secretary: Juanita I. Dick

Simon Secody
Community Development Worker
Rough Rock Chapter

(Chapter No. 100)

Resolution of Sawmill Chapter

Requesting for the expansion of the Congregate Meal Site to all Chapters throughout the reservation.

WHEREAS:

1. We, the people of Sawmill Chapter do hereby request for the expansion of the Congregate Meal Site to all the Chapters and
2. that the Congregate Meal be for the elderly Navajos over 50 years of age and
3. that the elderly Navajos would benefit from the meals nutritionally and socially and
4. that the social gatherings would serve as the place to pass on vital information on the latest happenings at all levels.

NOW THEREFORE BE IT RESOLVED THAT:

1. The Sawmill Chapter do hereby request that the Navajo Tribe expand the Congregate Meal Sites to all Chapters.

CERTIFICATION

We hereby certify that the foregoing Chapter resolution was duly considered by the Sawmill Chapter meeting at which a quorum was present, and that the same was passed by a vote of 50 in favor and 1 opposed on this 8th day of June 1976.

/s/ Anson Damon, Sr.
Chapter President

/s/ Miriam L. Begay
Chapter Secretary

/s/ Joseph Begay
Chapter Vice-President

/s/ Henry Nez
Councilman

Resolution of Shonto Chapter
Western Navajo Agency
June 15-17, 1976

SUBJECT: Expressing support for the National Indian Conference on Aging which is sponsored by the National Tribal Chairmen's Association and stating position on specific needs for the elderly tribal members residing in the Western Navajo reservation.

WHEREAS: 1. The National Conference on Aging is a very worthwhile endeavor and the results across the country have been successful and revitalizing to the elder citizens.

2. We on the Indian reservations, specifically the Navajo Indian reservation are encouraged by the national endeavors to remember our elderly and to focus on their specific needs and to be invited to attend such a national conference to share information and to take back to our reservation new ideas and information on programs which will give assistance to the aging members,

3. We are well aware there are much to be done to bring relief to the aging members in the Navajo nation. It is our desire to seek and to promote development of ideas such as an Extended Care Center for the Aging, to improve self-contained dwellings for those who wish to reside near their birth places, we like to see a continued services for hot meals for the elders; there are continued needs for specific medical assistance such as related to physical being—hearing aids, eye glasses, wheelchairs, and other devices that would make life a little easier and comfortable.

4. We appreciate the invitation to the Navajo tribal members to attend this National Indian Conference on Aging. We appreciate information and fresh ideas on how to cope with some of the challenges associated with our elder members. It is our desire, therefore, to support the goals and objectives being pursued in this national conference; we will take back to our reservation these ideas for experimentation. We do ask for support from the National Tribal Chairmen's Association, U.S. Indian Health Services and U.S. Office of Education, and the Bureau of Indian Affairs and its Branch of Social Services and all other agencies and organizations which share similar interest for their continued support and technical assistance.

NOW, THEREFORE, BE IT RESOLVED THAT:

1. The Navajo Nation Delegation Representatives from Shonto Chapter and the Western Navajo area, we do hereby support the goals and objectives on aging sponsored by the National Tribal Chairmen's Association, and

2. We, representatives of the Navajo Nation, also go on record to express our needs and concern for our elderly and we request any and all assistance due us from the U.S. Indian Health Services, U.S. Office of Education, State of Arizona, Bureau of Indian Affairs, other organizations, and federal agencies which can meet with us to give us necessary technical assistance and other means to achieve our goals and desires in the best interest of our Indian elders and quality services to our needs.

CERTIFICATION

In behalf of the Navajo Nation, more specifically the Western Navajo portion of the reservation and Shonto Chapter community, we hereby present this support and request in the National Indian Conference on Aging held during June 15-17, 1976 in Phoenix, Arizona.

1. Shonto community votes 58 in favor and 0 opposing.

/s/ Jones Grass
President, Shonto Chapter

/s/ Lawrence Isaac, Sr.
Secretary

/s/ Grey Maloney
Vice President

/s/ Harry D. Brown, Sr.
Councilman

Resolution of Tohatchi Chapter

Requesting for the expansion of the Congregate Meal Site to all Chapters throughout the reservation.

WHEREAS:

1. We, the people of Tohatchi Chapter do hereby request for the expansion of the Congregate Meal Site to all the Chapters and
2. that the Congregate Meal be for the elderly Navajos over 50 years of age and
3. that the elderly Navajos would benefit from the meals nutritionally and socially and
4. that the social gatherings would serve as the place to pass on vital information on the latest happenings at all levels.

NOW THEREFORE BE IT RESOLVED THAT:

1. The Tohatchi Chapter do hereby request that the Navajo Tribe expand the Congregate Meal Sites to all Chapters.

CERTIFICATION

We hereby certify that the foregoing Chapter resolution was duly considered by the Tohatchi Chapter meeting at which a quorum was present, and that the same was passed by a vote of 96 in favor and 0 opposed on this 6th day of June 1976.

/s/ James C. Becenti
Chapter President

/s/ Alice Arnold
Chapter Secretary

/s/ Edison D. Jones
Chapter Vice-President

/s/ Wilson Halona
Councilman

Resolution of Tolani Lake Chapter

Requesting for the expansion of the Congregate Meal Site to all Chapters throughout the reservation.

WHEREAS:

1. We, the people of Tolani Lake Chapter do hereby request for the expansion of the Congregate Meal Site to all the Chapters and
2. that the Congregate Meal be for the elderly Navajos over 50 years of age and
3. that the elderly Navajos would benefit from the meals nutritionally and socially and
4. that the social gatherings would serve as the place to pass on vital information on the latest happenings at all levels.

NOW THEREFORE BE IT RESOLVED THAT:

1. The Tolani Lake Chapter do hereby request that the Navajo Tribe expand the Congregate Meal Sites to all Chapters.

CERTIFICATION

We hereby certify that the foregoing Chapter resolution was duly considered by the Tolani Lake Chapter meeting at which a quorum was present, and that the same was passed by a vote of 40 in favor and 0 opposed on this 6 day of June 1976.

Joe H. Yazzie
Chapter President

Margie F. Bennett
Chapter Secretary

Sidney Monroe
Chapter Vice-President

Everett McCabe, Jr.
Councilman

Resolution of Tsayatoh Chapter

Requesting for the expansion of the Congregate Meal Site to all Chapters throughout the reservation.

WHEREAS:

1. We, the people of Tsayatoh Chapter do hereby request for the expansion of the Congregate Meal Site to all the Chapters and
2. that the Congregate Meal be for the elderly Navajos over 50 years of age and
3. that the elderly Navajos would benefit from the meals nutritionally and socially and
4. that the social gatherings would serve as the place to pass on vital information on the latest happenings at all levels.

NOW THEREFORE BE IT RESOLVED THAT:

1. The Tsayatoh Chapter do hereby request that the Navajo Tribe expand the Congregate Meal Sites to all Chapters.

CERTIFICATION

We hereby certify that the foregoing Chapter resolution was duly considered by the Tsayatoh Chapter meeting at which a quorum was present, and that the same was passed by a vote of 41 in favor and 0 opposed on this 6 day of 6 1976.

/s/ Lee F. Douglas
Chapter President

/s/ Henry Spencer
Chapter Secretary

/s/ Homer Spencer
Chapter Vice-President

/s/ Willis H. Peterson
Councilman

Resolution for Elderly People of White Rock Chapter

WHEREAS:

1. The White Rock Community needs as followed:
    - a. Home for elderly people nearby
    - b. Electricity, none of them have powerlines
    - c. Running water, none of them have it in the home
2. The White Rock Community needs a good paved road. Difficult to go to hospital about 36 miles. Or clinic 9 miles away.
    - a. Difficult for ambulance services
    - b. Distance is long on rough dirt road

NOW THEREFORE BE SOLVED THAT:

1. The White Rock Community have a regular chapter meeting, to discuss the improvement of our community. Discussed with all chapter officials, councilmen and C.A.C. members.

NOW THEREFORE THAT FORTHGOING RESOLUTION: was duly called at White Rock Chapter meeting after thoroughly discussed and adopted that motion made by Mr. Jack Betsie, seconded by Mrs. Esther Benally, in favor of *68* and *0* opposed at White Rock Chapter meeting on this 6th day of June, 1976.

Chapter Officers:
President: Mr. Juan Etsitty
Vice-President: Mr. Tom Henry
Secretary: Alice Thomas George

C.A.C. Members:
President: Elmer Benally
Vice-President: Adele Morris
Secretary: George Henry

Councilman:
Mr. William Henry

Resolution of the Wide Ruins Chapter
Wide Ruins, Arizona
June 9, 1976

To : Community Chapter Representatives
Navajo Nation, N.I.C.O.A.—National Tribal Chairmen's Association

FROM : Wide Ruins Community Chapter
Wide Ruins, Arizona 86502

SUBJECT: Requesting Senior Citizens and Physical Handicapped Care Center at Ganado, Arizona

WHEREAS:

1. An approximation of 38,700 Navajo people reside in District 17, District 18, District 6, and District 4. Therefore, Ganado, AZ, being the central location of this densely populated area would serve as the future site for a Care Center to accommodate the senior citizens and the physical handicapped, and
2. Presently, the senior citizens and the physical handicapped of the above mentioned districts have to make arrangements with Care Centers located outside the Navajo Reservation (i.e. Phoenix) due to the fact that the Care Center at Chinle, AZ, has limited in-patient services, and
3. The majority of the senior citizens and the physical handicapped persons are not bi-lingual; Navajo is the predominant language spoken. Communication becomes an immense problem when an illiteracy is placed in an unfamiliar environment, therefore, creating obstacles to maximum care. A Care Center at Ganado, AZ, would facilitate Navajo speakers alleviating the communication problem to a percentage, and
4. Distance is another important factor to consider. Excluding Chinle Care Center, all Care Centers utilized by the above mentioned districts are outside the Navajo Reservation (i.e. Phoenix), therefore, creating transportation and financial problems. A Care Center situated at Ganado, AZ, would assist in alleviating these problems.

NOW, THEREFORE, BE IT RESOLVED THAT:

1. The Wide Ruins Community recommend and request that a Care Center for senior citizens and the physical handicapped be established at Ganado, Arizona, and
2. In building such a Care Center, the needs of the senior citizens, the physical handicapped, and relatives as well, will be met in the areas of communication, relative visitation, and social companionship.

CERTIFICATION

We certify that this resolution was approved by the Wide Ruins Community Chapter on June 13, 1976, by a vote of *31* in favor and *0* opposed.

/s/ Annie D. Wauneka
Council Delegate

/s/ Frank Yazzie
President

/s/ Woody B. Tsosie
Vice-President

/s/ Alberta Sam
Secretary

Resolution of the Wide Ruins Chapter

Wide Ruins, Arizona
June 9, 1976

TO : Community Chapter Representatives
The Navajo Nation

FROM : Wide Ruins Community Chapter
Wide Ruins, Arizona 86502

SUBJECT : Requesting Control of Older and Handicapped Funds

WHEREAS:

1. The Wide Ruins Community Chapter officials have received numerous grievances concerning the distribution of Social Security, welfare and Old Age checks to the Senior Citizens and the physical handicapped in such that senior citizens and the physical handicapped are not obtaining full custody of their checks from relatives, and
2. We, as the representatives of the Wide Ruins community, request for additional information and possible solutions regarding the above mentioned checks as to how it is to be dispersed to its recipients.

NOW, THEREFORE, BE IT RESOLVED:

1. The Wide Ruins Community Chapter is in quest of information and possible solutions to alleviate the check disbursement problem, and
2. We, as the community representatives, request for a person and/or persons who would inform the relatives of the check recipient of being subject to federal government law violations.

CERTIFICATION

We certify that this resolution was approved by the Wide Ruins Chapter on June 13, 1976 by a vote of *31* in favor and *0* opposed.

/s/ Annie D. Wauneka
Council Delegate

/s/ Frank Yazzie
President

/s/ Woody B. Tsosie
Vice-President

/s/ Alberta Sam
Secretary

Resolution of Wide Ruins Chapter

Requesting for the expansion of the Congregate Meal Site to all Chapters throughout the reservation.

WHEREAS:

1. We, the people of Wide Ruins Chapter do hereby request for the expansion of the Congregate Meal Site to all the Chapters and
2. that the Congregate Meal be for the elderly Navajos over 50 years of age and
3. that the elderly Navajos would benefit from the meals nutritionally and socially and
4. that the social gatherings would serve as the place to pass on vital information on the latest happenings at all levels.

NOW THEREFORE BE IT RESOLVED THAT:

1. The Wide Ruins Chapter do hereby request that the Navajo Tribe expand the Congregate Meal Sites to all Chapters.

CERTIFICATION

We hereby certify that the foregoing Chapter resolution was duly considered by the Wide Ruins Chapter meeting at which a quorum was present, and that the same was passed by a vote of 31 in favor and 0 opposed on this 13 day of June 1976.

/s/ Frank Yazzie
Chapter President

/s/ Alberta Sam
Chapter Secretary

/s/ Woody B. Tsosie
Chapter Vice-President

/s/ Annie D. Wauneka
Councilman

June 11, 1976

Mr. Wendell Chino, President
National Tribal Chairman's Association

Re: Available funding for programs for the elderly on the Navajo reservation.

Dear President Chino:

As a Tribal Councilman for the Navajo Nation, I have been asked by the members of various chapter houses that I represent, to request in writing from you, your assistance with regard to the above-captioned areas.

I would like to request from you your assistance in providing information with regard to funding for the elderly in the following areas:

1. Financial assistance when a death occurs to an elderly person who has no financial means to take care of the burial expenses;
2. The establishment of a Senior Citizen's Center in the Mexican Springs, Twin Lakes area;
3. Establishment of medical care to be provided in the home of the elderly person;
4. Establishment of a transportation system which will provide transportation from the home of the elderly to Tohatchi for the nutritional noon meal which is served there;
5. Financial assistance in providing Navajo speaking case workers for improving the assistance to the elderly;
6. Establishment of transportation for emergency needs.

Your assistance in providing data with regard to available funds in each of these areas, will be greatly appreciated. These needs are pressing ones for my people and steps should be taken to immediately alleviate these problems. I recognize that it is necessary that we have the correct data to apply to the proper sources for funding in these areas and this is why I seek your assistance.

Thank you for your kind assistance and I look forward to hearing from you.

Very truly yours,

/s/ Joseph Bitsie
Tribal Councilman
Box 10
Mexican Springs, New Mexico 87320

/s/ Mary John
Representative
Twin Lakes Chapter

TO: Whom it may concern

SUBJECT: Mr. Bailey's trip

FROM: The CAC Committee

June 10, 1976

The main purpose for sending Mr. Bailey on this trip to Phoenix, Arizona is to let the official people realize the needs of the people of the Aneth chapter area. He is recognized by the Aneth community that he knows more about the senior citizen in this area.

Some of the needs of the people in our community are as follows:

1.) Welfare—The welfare of the people (senior) of Utah is very poor, considering that this area of the reservation is supposed to be one of the richest. We are told this land has been producing a lot of oil for the past 18 years, but the people that live on the land where millions of dollars of money being produced every month from the oil and gas are still as poor and in some cases poorer than other Navajos living outside the Utah area.

The older folks are hurt the worst, because they lack education, they have always lived in the old ways and that is why it is hard for them to adjust to the white-mans way of life. The distance they have to travel to the grocery store, not to mention the short-changing trading post people, with outragious prices.

2.) Road—We have the worst roads around and no one comes around to maintain it. Some of our earned money are spent on our vehicles which are impaired by bad roads.

3.) Fire-wood—We need fire wood during the winter and also in the summer for heat and cooking. Some of the older folks can't use axes as they used to.

4.) Water—We need water all the time, it is also hard to get water because of bad roads and impaired vehicles.

5.) Food—Food prices are way too high at the trading posts and it's a long ways to the town shopping places.

6.) Care—We need to have a care center right here at our local chapter, instead of having it off the indian land.

These are some of the things that are a problem for our senior people around this area, so please consider it for our people, Mr. Bailey will explain more clear.

CAC President: /s/ James Jones

CAC Secretary: /s/ Herbert Keems

Request for adequate increases in funding for existing programs for elderlys on Indian Reservation all over the United States. These programs need to be expanded so all eligible Indians could benefit from them. Funding for these programs are always very limited.

Request adequate funding for Senior Citizens Centers, Extended Care Facilities, Housing and Health Facilities, Transportation for our elderly on Indian Reservations all over the United States.

The American Indian people will need these facilities in the years to come, it is expected that there will be more elderlys on Indian Reservations in the future, 10 or 20 years from now.

This is my suggestion for the Resolution.

Truman Davis—Navajo
Chinle Meal Site Manager
Chinle, Arizona 86503

June 15, 1976

TO: NATIONAL TRIBAL CHAIRMEN'S ASSOCIATION

FROM: Delegates of Eastern Navajo Agency of 32 Chapter

Delegates of 32 chapter of Eastern Navajo Agencies would like to pass a resolution to the National Aging Committee in behalf of the Navajo Tribe on each Chapter for the Senior Citizen on the following subject:

SUBJECT:

To request on the Commodities foods to re-open it to the Navajos in New Mexico to better the service in commodities foods for the elderly people.

To continue the Food Stamps along with the Commodities Foods to lower the price so the elderly will buy the food stamps, because so many elderly people had so little of income and many other had no means of income to pay for this price range for the food stamps.

To request to build Senior Citizen Center in their area, each chapter area, so the elderly will be cared for by their own people basic on the feeling of elderly people.

To request to set up congregate meals at each chapter for the elderly people for the expansion of the congregate meals site at each chapter that the congregate meal for the elderly over 50 years of age and would benefit from meals, nutritional and socially, to gather socially and discuss the matter on the social level.

THEREFORE, RESOLVED BY THE CHAPTER IN BEHALF OF REPRESENTATIVES OF THE NAVAJO NATION:

Navajo Reservation of Arizona
Fort Defiance Agency, District #7

"Proposed Resolution for the Navajo Indians of Aging."

WHEREAS:

1. The Aging must be contented, as well as the other relative of his tribe. The central problem is to restore and protect Aging, as well as the young generation of his tribe. Satisfactory in belonging to a community, where they can find security and significance.
2. The Aging people are very important. They are the people who made the government possible, to protect the belonging of the United States of America.
3. The Aging of Indian Tribes, are not yet benefited to their satisfaction. They are known as the "First Americans." They are the first owner of the richness now in the white man's progress.
4. Little left to do at home, the Aging folks do not want to leave for "Old Age Home." They could prefer special program, separate from other programs contracted through the Office of Navajo Economic Opportunity.
5. The Aging Navajo folks are leaving their traditions without traces of evidence of the genuine of old fashion Navajo rugs, because due to lack of eye sight (weakness).
6. Acquaintance of clans in life of the Aging is very dull, because of hearing. But the most important of all is their diet. The food are good, with good teeth. These are needed for the body. Many are without sanitary home. Their only homes are their grandchildren's home. Very little are provided with pension, social security, and welfare.

NOW THEREFORE BE IT RESOLVED THAT:

The forthgoing resolution be considered preliminary by the National Indian Conference on Aging and National Tribal Chairmen's Association.

Be it further resolved. The American Indian veterans have served the United States Armed Forces since the 1800's to protect the citizens of our great nation that we may enjoy Freedom and a way of life which guarantee of all ethnic groups may continue to live on the land that was passed on to them by their Forefathers.

CERTIFICATION

We hereby certify that the foregoing resolution was duly considered by the District #7, Representatives on the Aging Program of Fort Defiance Agency, Navajo Nation, Fort Defiance, Arizona, at which the representatives was present and that same was passed by a vote of five (5) districts in favor and 0 opposed this day of June, 1976.

NAMES:	CHAPTER FROM:
1. /s/ William Ruskin	Indian Wells
2. /s/ Arthur Lee	Dilkon, Arizona

TO: Chairman on National Indian Conference on Aging

FROM: Community of Inscription House

SUBJECT: Recognition of the Navajo Elderly in Local Community and Navajo Nation Wide

1. For many years the need for a Navajo initiative to work with and present the Navajo Senior Citizen has been recognized.
2. The Federal and State programs designed to serve the Nation's Elderly Citizens have been developed and are presently in operations.

THEREFORE:

1. In the best interest of the Navajo people and specifically the Navajo Elderly to consider and be recognized of their needs:
   A. New hospital for all ages.
   B. Housing due to health reasons.
   C. Providing Federal program for Adult Education, Health Care, Nutrition and other services.
   D. More Welfare funding because these Elderly receive check once a month which is insufficient amount for their needs.
   E. More extended care center for:
      a. Disabled Elderlies.
      b. Those in need of constant care.
      c. Elderlies of the Western Navajo Agency.

As a representative for my community of Inscription House, Tonalea, Arizona. This is our request and recommendation also to be recognized and to be consider.

/s/ Billie Goodman
Council Delegate

/s/ James Sonnie
Representative
Inscription House
Tonalea, Arizona 86044

Oldest woman attending Crownpoint, New Mexico, Navajo Aging presented with gift

A Resolution of the Kayenta Service Unit Health Board
June 11, 1976

Title: Resolution Requesting Decent, Adequate, and Necessary Health Care for the Geriatric (Elderly) Patients of the Kayenta Service Unit

WHEREAS: The elderly or geriatric Navajo People of the Kayenta Service Unit represent about 5% of the population of this Service Unit, or specifically 884 active patient medical records of persons over 65 years of age have been identified here, yet, because of isolation, loneliness, poor nutrition, increased susceptibility to injuries and infectious diseases, and inability to cope with the modern world, these elderly Navajos are subject to unintentional neglect by the established health care systems, and

WHEREAS: These Navajo geriatric people are considered and recognized as respected citizens with unique problems in both accepting and in receiving much-needed health care services because of their isolation, lack of transportation, and their strong belief in the Navajo Culture, and

WHEREAS: That even if these People wished to avail themselves of Geriatric Home Care services or of periodic Extended Care Services, none are available in this Service Unit anyway, and

WHEREAS: The one small Extended Care Facility in the Navajo Nation at Chinle is too small, understaffed, and therefore unwilling and incapable of admitting patients from Kayenta area, leaving our people always on a waiting list, and

WHEREAS: Other extended care facilities off the Reservation are foreign and frightening environments for the elderly Navajos, and, in addition, they are too far from the families of the elderly patients to permit them to visit occasionally, and

WHEREAS: That placing these elderly Navajos who have such deep-rooted cultural beliefs in so foreign an environment constitutes a lack of sensitivity to their needs, and in fact actually decreases their will to go on living, and

WHEREAS: That a well funded and instituted Geriatric Health Program in the Kayenta Service Unit, which does not have an inpatient facility of any kind at all, is of special importance, not only for humanistic concern for the elderly here, but also in pure economic terms of preventing the frequent and very expensive hospitalizations that are required for these people, only because a good *preventive* program for the elderly in this isolated region does not exist yet.

NOW, THEREFORE, LET IT BE RESOLVED that the Kayenta Service Unit Health Board hereby strongly requests that the Federal, State, and local health agencies meet together to develop plans and allocate funds to create locally-administered Geriatric Health Care Programs to include not only Extended Care Inpatient facilities somewhere on the Western Navajo, but moreover, Geriatric Day Care and Home Care Services for the approximately 884 elderly Navajos in the Kayenta Service Unit, and

NOW, THEREFORE, LET IT BE RESOLVED that all the tribal and Community proposed resolutions be recognized and fully considered, by the aforementioned agencies.

CERTIFICATION

We, hereby certified the aforegoing resolution was duly considered at a regular Kayenta Service Unit Health Board meeting at Kayenta, Arizona, where a quorum was present and passed by a vote of *6* and *0* opposed on this *11* date of June, 1976.

/s/ Peter C. Todecheene
CHAIRMAN

/s/ John Delmar
VICE-CHAIRMAN

GERIATRIC (OLD AGE) PROGRAM KAYENTA SERVICE UNIT

The Kayenta service unit of the Navajo area Indian Health Service occupies a very isolated, 4000-square-mile portion of northeastern Arizona and southeastern Utah. The only paved roads in the Service Unit are highways 160 and 163, and a new road from Black Mesa area to Page. These three highways are expected to serve over 15,000 Navajo residents of the Service Unit, who live in an area which is about the same size as the state of Connecticut! Imagine Connecticut with only three highways! Living in the most remote circumstances, and often without any available access to Health services, are 844 aged Navajo people. This number is an underestimation of the true number of elderly in the Service Unit, but we are awaiting a new more complete and accurate census in the near future. These aged Navajos are of special concern because of their increased susceptibility to injury, infection, poor nutrition and hygiene, loneliness and depression, and risk hospitalization. Yet there is no hospital within 100 miles for most of these forgotten Navajo people in the Kayenta Service Unit.

Because Kayenta Service Unit will not be receiving hospital services anytime in the foreseeable future, the Navajos of this region deserve a special emphasis and funding to *prevent* hospitalizations which are *unavailable* to them within a reasonable distance.

Thus, a grass-roots request, made to our local Health Boards by many individuals, and also by chapter resolutions, reveals the people's desire to approach geriatric care from a new perspective: consumer or patient-oriented services rather than provider-oriented care.

Specifically, we are proposing that "Health Hogan" or facilities influenced by traditional architectural design, be constructed to provide "Geriatric Day Care" rather than expensive extended care Hospitalization.

Secondly, we propose that these be small and several in number. That is, there should be some in each of the seven chapters, rather than one large group in one area. This way the people involved can remain close to their relatives.

Plan for Care of the Elderly Navajos of Kayenta Service Unit

1. Build a community of *hogans* built to look just like traditional hogans except with electricity and running water with bathrooms.
2. Use this community to provide a new type of old age community in Kayenta Area.
   —Daily CHS nursing checks
   —Families could visit old people in a friendly non-hospital setting
   —bus to take old people shopping to trading posts, and to visit other parts of reservation occasionally
   —encourage older people to keep up with traditional crafts, and to have these older people TEACH YOUNG CHILDREN ABOUT SHEEP, NAVAJO COOKING & TRADITIONS, WEAVING, ETC.
3. Build new community next to new pre-school community being planned by Mrs. Lewin—preschool during day, community center during night.
4. Use the older people to help teach the PRESCHOOL children about the old way.

Katherine C. Wallace
Navajo Senior Community Service Project

2/20/75

TUBA CITY EXTENDED CARE FACILITY

Introduction

The members of the Community Health Services of Tuba City, Navajo Nation, Arizona, have determined that they can better serve the community by establishing an Extended Care Facility. The members consulted were not only those of the health care community, but those of the community at large, including any interested individual or organizations who felt they had something to contribute.

From survey information, the decision to build an Extended Care Facility was based on several factors; optimum care of the traditional Navajo elderly patient, a need to maintain an environment conducive to the care of the patient within his traditional culture at a minimum cost to the community and the need, when indicated, for expedient transition from hospital to home.

The actual planning done by this committee is based on a survey of the community to ascertain its needs and its resources. In this, a great deal of importance was placed on the actual experiences of both the committee members and the experts consulted.

Delineation of Patient Characteristics

With the increasing population in the Navajo Nation and its over-utilization of hospital facilities it is necessary to re-evaluate the effectiveness of present facilities and examine other alternatives.

Extended care is a redefining of the step within a Progressive Care Program. In planning for the Extended Care Facility, the Community Health Services Planning Committee found it necessary to define certain characteristics about its population and to compare the findings to available information on the national level.

Philosophy and Objectives

The administration of Tuba City Hospital, in accord with the hospital's philosophy believes that the staff of the Extended Care Facility is committed to serve the community by providing care for those patients in the post-acute phase of illness; who require the support of the general hospital but not necessarily the full range of activity given in an acute area.

The Extended Care Facility is oriented to meet the special needs of such patients through the services of a professional comprehensive health care team which will help them achieve maintenance and/or maximal restoration of primary concern will be the rehabilitation of each patient.

Through the knowledge of clinically experienced personnel, we attempt to provide a well-organized program of comprehensive care to include physical treatment, realistic skill training, and psychological support.

The personnel of the Extended Care Facility should recognize the need for team endeavor. Contributions from related health and social disciplines should be incorporated in the planning to insure optimum care.

It is our expectation that with improvement the patient will expand his interests and utilize his abilities in other aspects of self care. The more he can do for himself, the more satisfying and meaningful his life will become.

Objectives

1. To provide comprehensive medical care, skilled nursing care and rehabilitative services to the Navajo patient in his traditional cultural environment.
2. To maintain a plan to assure patients needs. This should guarantee that the patient receives proper services consistent with the goals of the service unit.
3. To contribute towards the patients' independence and their participation in their future care plan.
4. To develop resourceful, understanding personnel who recognize and accept their responsibilities to the patient, the unit and hospital, their co-workers and the community.
5. To strengthen emphasis of nursing involvement in prevention of disease and disability by working with patients and family.
6. A plan should be established prior to admission to the Extended Care Facility.
7. It shall be the goal of the PHN Coordinator to facilitate the utilization of resources and coordinate the existing community, medical and social agencies.
8. To facilitate volunteer participation in the care program and their contribution to the psychosocial needs of the patient.
9. To continually communicate with the physician and other members of the health team regarding plans for meeting immediate and prospective patient needs.
10. To foster leadership which maximizes group and individual contributions to patient care.
11. To evaluate the care and progress of each patient through the Utilization Review Committee.

PART III. RECOMMENDATIONS TO THE NAVAJO NATION FOR ACTION

The following is a quote from Public Law 94-135, "Older Americans Amendments of 1975".

"Grants To Indian Tribes

SEC. 104...

> "(3)(A) In any State in which the Commissioner determines (after having taken into account the amount of funds available to the State agency or to an appropriate area agency on aging to carry out the purposes of this title) that the members of an Indian tribe are not receiving benefits under this title that are equivalent to benefits provided to other older persons in the State or appropriate area, and if he further determines that the members of such tribe would be better served by means of grants made directly to provide such benefits, he shall reserve from sums that would otherwise be allotted to such State under paragraph (2) not less than 100 per centum nor more than 150 per centum of an amount which bears the same ratio to the State's allotment for the fiscal year involved as the population of all Indians aged sixty or over for whom a determination under this paragraph has been made bears to the population of all persons aged sixty or over in such State.
>
> "(B) The sums reserved by the Commissioner on the basis of his determination under this paragraph shall be granted to the tribal organization serving the individuals for whom such a determination has been made, or where there is no tribal organization, to such other entity as he determines has the capacity to provide services pursuant to this title.
>
> "(C) In order for a tribal organization or other entity to be eligible for a grant for a fiscal year under this paragraph, it shall submit to the Commissioner a plan for such fiscal year which meets such criteria as the Commissioner may prescribe by regulation and which meets criteria established by section 305(a), to the extent the Commissioner determines such criteria to be appropriate.
>
> "(D) Recipients of grants under this paragraph may retain for administrative purposes an amount equal to the amount available for the cost of the administration of area plans under section 303(e)(1)."

Although there are many problems contained in the 1975 amendments to the Older Americans Act of 1965, the new law nevertheless provides a possible opportunity for the development of services for older Navajos funded directly from the Federal Government.

It is the recommendation of Gallegos Research Group, in consideration of the above mentioned legislation and the considerable documentation contained in this report and the forthcoming report from the staff of the National Indian Conference on Aging, that the Office of Navajo Economic Opportunity initiate a planning process with at least the following objectives.

1. To establish a *Navajo Office on Aging* under the administration of ONEO for developing and coordinating services for the over 14,000 older Navajo Americans residing within the Navajo Nation. This office will alleviate the many coordination problems which exist by virtue of the fact that the Navajo Nation extends over three different states, over 10 counties, and overlaps into three federal regions.
2. To develop, train and support a *Navajo Advisory Council on Aging* with representation from throughout the Navajo Nation.
3. To develop, train and support *Local Advisory Councils on Aging* at Chapter, District or Agency level.
4. To implement services for the elderly which are designed, provided and evaluated by Navajos with meaningful input from the elderly.

Obviously the first three mechanisms do not themselves provide direct services to older persons. But they are considered essential mechanisms for the development of resources, the design of programs and the coordination of programs and services. The Advisory Councils would provide consumer review of the quality of services being delivered and also provide input into the program planning and evaluation process.

The entities would work together in that the Advisory Councils would develop the priorities of need and priorities for action, and the Navajo Office on Aging would incorporate those priorities into comprehensive plans for obtaining funding not only from the Administration on Aging but from other agencies of the Federal Government by means of direct grants to the Navajo Nation.

A prerequisite for obtaining funding for a Navajo Office on Aging for administrative and planning purposes would be the development of a Navajo Nation Plan for Aging Services. The Plan would detail: goals, objectives, rationales, and the specific action steps which would be taken to achieve the objectives.

The Plan would contain budgetary information and detailed descriptions of the programs which would be part of the coordinated effort including: services, staffing, plans for training, plans for documentation and maintenance of data, etc.

The initial effort would be to get the Office on Aging funded directly by the Federal Government through the Administration on Aging, Department of Health, Education and Welfare.

The functions of such an Office on Aging would be primarily planning and coordination of programs but once such a mechanism is in place and working, services for older persons can be developed more quickly and effectively and in a manner which provides for review and approval by Tribal authorities.

Navajo Area Conference Follow-up
and
Background Information

RESOLUTION OF THE
NAVAJO NATION COUNCIL ON AGING

To Request that Older Americans Act Funds Be Awarded Directly To The Navajo Tribe for Administration of all Navajo Nation Aging Services.

WHEREAS:

1. Services for the Navajo elderly is the most important concern of the Navajo Nation Council on Aging; and
2. The Navajo Nation Council on Aging represents the 14,000 rural elderly people in the Navajo Nation 98% of whom are not receiving any Older Americans Act services; and
3. The elderly people recognize that the family, the Chapter, and the Navajo Tribe have the responsibility to provide the needed services; and
4. Older Americans Act funding coming through the States of Arizona, New Mexico, and Utah rather than being awarded to the Navajo Tribe presents a major obstacle to the coordination and development of Aging Services for the entire Navajo Nation; and
5. Additional funds for elderly people appropriated by individual state legislatures should not be affected by direct funding of Older Americans Act Programs; and
6. Action is needed immediately to resolve administration difficulties to insure that elderly Navajo people are receiving equivalent benefits from the Older Americans Act in all portions of the Navajo Nation.

NOW THEREFORE BE IT RESOLVED THAT:

The Navajo Nation Council on Aging requests that Older Americans Act funds be awarded directly to the Navajo Tribe for administration of all Navajo Nation Services; and

Furthermore, that additional funds for elderly people appropriated by State legislatures should continue to be available to Navajo elderly people.

CERTIFICATION

I hereby certify that the foregoing resolution was duly considered by the Navajo Nation Council on Aging at a called meeting at Tsaile, Navajo Nation (Arizona), this *26* day of *August*, 1977 by a vote of *28* in favor and *0* opposed.

President
/s/ Howard McKinley

EXACT COPY

THE NAVAJO NATION
WINDOW ROCK, ARIZONA 86515

PETER MacDONALD
Chairman, Navajo Tribal Council

WILSON C. SKEET
Vice Chairman, Navajo Tribal Council

16 August 1977

Juana Lyon, Executive Director
National Indian Council on Aging
Post Office Box 2088
Albuquerque, New Mexico 87108

Dear Ms. Lyon:

The financial assistance of the National Tribal Chairmen's Association through the National Indian Council on Aging, made possible the three Aging Conferences in the Navajo Nation. The dates were New Mexico Chapters at Crownpoint, New Mexico July 27 & 28, Utah Chapters at Aneth, Utah August 2 & 3, and Arizona Chapters at Toyei, Arizona August 9 & 10, 1977.

It was good to see the elderly gathered together, expressing themselves and intently listening to the explanations and suggestions offered for improving or implementing services to the elderly in their communities. A total of *238* people attended the conferences with participation by others who did not register.

We will be sending a complete report in the near future. In the interim we hope this information will meet the necessary requirements for your reporting needs.

1. An agenda for each conference
2. Written material given to each participant:
   a. Navajo Nation Aging Conference
   b. Summary Listing of Navajo Nation Aging Objectives FY 1978
   c. Older Americans Act of 1965
   d. Senior Citizen Council
   e. Address
   f. Navajo Nation Health Symposium
3. Financial Report: Travel Reimbursement/Elderly Per Diem

Thank you for your assistance in sponsoring these conferences. The elderly expressed much gratitude, also at the public hearings held at each conference.

Should you have any questions or need further clarification, please contact David A. Lundberg or myself.

/s/ Donna C. Ciccati, Aging Service Developer

Summary of Aging Conferences
Navajo Nation Council on Aging

The Navajo Nation Council on Aging sponsored three Aging Conferences with public hearings in conjunction with the Department on Aging of the Navajo Tribe.

The Conferences were held in Aneth, Utah, Crownpoint, New Mexico and Toyei, Arizona. At each conference a "Summary Listing of Navajo Nation Aging Objectives FY 78" (see below) were presented and approved by the Navajo Nation Council on Aging as well as the elderly in attendance.

Testimonies by the Navajo elderly people asked for the Navajo Tribe to be responsible for Aging programs throughout the Navajo Nation. Direct funding was endorsed as the means whereby this would be accomplished.

DEPARTMENT ON AGING
OFFICE OF HEALTH IMPROVEMENT SERVICES
NAVAJO NATION

Summary Listing of Navajo Nation Aging Objectives FY 1978

1. To secure direct funding for Aging program services to the Navajo Nation through the Navajo Nation Council on Aging.
2. To assure equal disbursement of all resources directly received by the Department on Aging to the entire Navajo Nation.
3. To develop the concept of Senior Citizen multipurpose centers by establishing equivalent services at each existing Senior Center throughout the Navajo Nation.
4. To seek additional funding to expand nutrition programs in the Navajo Nation and up-grade facilities and services.
5. To foster the development of In Home Health Services with IHS, BIA, ONEO, Tribe, etc. to prevent institutionalization of frail Elderly; and to advocate for the de-institutionalization of elderly now confined in off-reservation nursing homes to family and home care.
6. The Department shall apply for all available funding to further implement transportation services for the elderly throughout the Navajo Nation.
7. To work with Navajo Tribal Chairman in setting aside one (1) full month as Senior Citizens' Month within the Navajo Nation in asking agencies, chapters and individuals to haul firewood and coal and winterize homes of elderly, in preparation for winter.

DEPARTMENT ON AGING
Office of Health Improvement Services
Navajo Nation

Summary Listing of Navajo Nation Aging Objectives FY 1978

1. To secure direct funding for Aging program services to the Navajo Nation through the Navajo Nation Council on Aging.
2. To assure equal disbursement of all resources directly received by the Department on Aging to the entire Navajo Nation.
3. To develop the concept of Senior Citizen multipurpose centers by establishing equivalent services at each existing Senior Center throughout the Navajo Nation.
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5. To foster the development of In Home Health Services with IHS, BIA, ONEO, Tribe, etc. to prevent institutionalization of frail Elderly; and to advocate for the deinstitutionalization of elderly now confined in off-reservation mission homes to family and home care.
6. The Department shall apply for all available funding to further implement transportation services for the elderly throughout the Navajo Nation.
7. To work with Navajo Tribal Chairman in setting aside one (1) full month as Senior Citizens month within the Navajo Nation in asking agencies, chapters and individuals to haul firewood and coal and winterize homes of elderly, in preparation for winter.

Activity Report

FOR: Sophie D. Thompson

TRAVEL FROM: Window Rock, Arizona

TO: Crownpoint, New Mexico

PURPOSE: To assist in and oversee the first of three planned follow-up conferences on Aging in Navajo Nation.

The aged Navajo peoples' problems are of concern to a lot more people than would seem evident. Large community turn out and participation was very gratifying. Donations of food, facilities, equipment, and personnel by local agencies, chapters, and individuals indicated great community interest. BIA as usual (and contrary to public opinion) contributed a major share, along with ONEO, IHS, and Tribal entities. New Mexico Commission on Aging and Gallup Senior Citizens Center sent representation.

Two days (July 27-28) of conference brought in approximately 175 elderly participants from the New Mexico side of the reservation. Socializing and renewing acquaintances was evident. Exercises from the "Physical Fitness over 60" material was utilized during breaks and was thoroughly enjoyed by the elderly. Mutton stew, roast, and fried bread was abundant. The elderly were vocal about issues of concern to them, such as housing, transportation, and care facilities. Winter will be here soon, and their houses still need repairs and insulation.

All elderly over age 60 were given $10.00 for their return home. Gratitude overflowed, many wept while voicing their thanks—"I can have a refreshing pop", "I can enjoy something tasty," "You have made me feel worthwhile." It is sad that $10.00 can mean so much!!! Four of the oldest present (91, 86, 85, 81) were given special recognition.

Louva Dahozy and S. Thompson reported on NICOA activities and progress, including the new "Indian desk," the involvement in OAA amendment, plans for 1978 conference. People approached us to say "Thank you for caring". Service providers, too, are encouraged.

Information on programs for elderly, funding sources, etc., was given. Senior citizen groups in local communities are beginning to make their presence known and to impact on programs through uniting and voicing their concerns, talking with their leaders, encouraging providers—we find them capable of contributing a great deal of wisdom, charm, persuasive powers, and pleasure to our efforts—indeed, they are our strength and backbone!!!

RIGHT ON, NICOA! YOUR LABORS ARE NOT IN VAIN!!

DATE: *July 29, 1977*

NAME & TITLE:

/s/ Sophie D. Thompson
Navajo Area Representative

Sophie D. Thompson, Member, Board of Directors, National Indian Council on Aging

THE NAVAJO NATION
WINDOW ROCK, ARIZONA 86515

PETER MacDONALD
Chairman, Navajo Tribal Council

WILSON C. SKEET
Vice Chairman, Navajo Tribal Council

November 11, 1977

TO: David Lundberg, Director
Department on Aging

FROM: Bi-State Social Service Office
of the Navajo Tribe

SUBJECT: Memorandum of Support for Direct Funding

In supporting the expressed needs of Navajo elderly and in order to endorse the goal of direct funding, a comprehensive overview of the Bi-State program functions must be regarded. The intent of this document is to acquaint you with the Bi-State Title XX services in view of our older Navajo citizens.

The Navajo Tribe contracts with the State of Arizona for Title XX services. None of the services contracted have any specified priority provisions for the Navajo elderly clients and services eligible clients of all ages. The Navajo Tribe contracts for six services that include: 1) Health Related; 2) Home Management; 3) Housekeeper; 4) Information and Referral; 5) Social Problem Solving; and 6) Transportation.

In spite of the Bi-State's restrictions, from specifically addressing the Navajo elderly citizens, the program continues to believe in the importances of Navajo values and other cultural aspects. The Title XX services indeed realizes the uniquenesses and importances of cultural attributes. However, it like many other programs impose limitations not relevant to the Navajo extended family systems. Based on Bi-State's experience with State regulations, policies and guidelines, we feel it does not completely allow for unique expressions of Navajo values.

The needs and problems of the Navajo elderly people are definitely unique as compared to our White counterparts. Therefore, the only resulting conclusion to accommodate better approaches can best be addressed by direct funding. Perhaps the following example will surface some of these unique needs and problems that are not experienced by members of the dominent society.

Example:

Nadasbah Bedonie, a 76 year old Navajo woman of the Leupp Chapter area, lives in a remote region accessible only by a dirt road. Her residency prevents her from experiencing the advantages of available fire wood, water and sewer developments, balanced nutritional needs, shopping centers, and many other things that are readily available to older Americans residing in affluent rural areas. Mrs. Bedonie's isolation gives rise to many needs that Bi-State is not able to completely meet such as: home winterization, accessibility to congregate meal sites, geriatric care, availability of utilities, etc., because of the limitations imposed by State and federal regulations of Title XX.

Continued

Continued

In view of the foregoing, it becomes evident that to attempt to meet the complete needs of Navajo elderly direct funding is imperative. Only through self-determined implementation in achieving direct funding can meeting the needs of Navajo elderly have a beginning in the present American society.

/s/ Victor Becenti
Data Analyst
Bi-State Social Service

ACKNOWLEDGED

/s/ Richard F. Collins, Jr.
Director
Bi-State Social Service

Louva Dahozy (Navajo), Member, National Indian Council on Aging

Chinle Congregated Mealsite
October 31, 1977

Meeting held today - discussion on item on the agenda pertaining to the needs of the Navajo elderly.

The statements and comments presented by participants were as follows:

1. Better In-Home Care Services.
2. Better housing and housing maintenance. Statements concerning the inability of the elderly to maintain and repair their homes.
3. Elderly need winter clothing - 60 years and over.
4. There is a need for Senior Citizen Center in Chinle Community. The elderly Navajos would benefit from center with greater services.
5. Transportation—At the present time we have one 12 Passenger Van to transport the elderly to Congregate Meals five (5) days a week. Need for two (2) more vehicles.

Great number of Navajo elderlies are not being reached with the needed services—especially those living in remote areas—beyond ten (10) mile radius.

There should be a reliable count of the elderlies through the five agencies:

1. To bring about fair share of funds.
2. To get all benefits from resources available to them.
3. More funds should be allowed the Navajo elderlies because they are greater in numbers in the State of Arizona.

We, therefore, express our support for goals and objectives being pursued for adequate services for fiscal year of 1978.

That the Administration of A.O.A. provide direct funding to Indian people of U.S.A.

Motion made and seconded by Lucy T. Begay and Madeline Etsitty for 59% increase which will be substantial for the Navajo elderlies of Arizona.

At this meeting, a quorum was present and the same was passed by a vote of 62 members in favor and none opposed.

Three elderly women from Fort Defiance Senior Center

RESOLUTION OF COALMINE CHAPTER
SENIOR CITIZENS' COUNCIL
COALMINE, ARIZONA

11-06-77

SUBJECT: Requesting assistance in providing well-balanced diet; clothing; winterization; hauling firewoods; coal; water and transportation to and from the store, hospital and commodity food distribution center for the elderly.

WHEREAS: 1. The elderly have been long neglected in the following needs: well-balanced diet; clothing; manpower assistance on winterization; hauling firewoods, coal, and water; chopping woods; and transportation to and from the store, hospital and commodity food distribution center.

2. Socially, many of them are lonely. Services should be provided to accompany the elderly and to deal with their psychological needs. Some of them have health problems which they cannot cope with at times.

3. Economically, many of them need assistance in buying, saving, and budgeting. Some of them will require services such as buying their groceries, laundering their clothes and cleaning their houses or hogans.

NOW, THEREFORE, BE IT RESOLVED THAT:

1. The Coalmine Senior Citizens Council, hereby, recommends the effort of the Navajo Aging Services, Window Rock, Arizona, and other Agencies to provide transportation for the elderly.

2. Furthermore, the Coalmine Senior Citizens Council recommends manpower assistance from the Tribal Assistance Project Program to provide the services needed to improve the health standards of the elderly.

CERTIFICATION

I, HEREBY, CERTIFY THAT THE FOREGOING RESOLUTION was duly discussed and moved for adoption by *Salego Begay* of Coalmine and seconded by *Behesone Begay* of Coalmine with a vote of *48* in favor and *0* opposing at a regularly scheduled meeting of the Coalmine Chapter, Coalmine, Arizona, on the 6th day of November, 1977.

/s/ Harry Nez
Chapter President

EXACT COPY

THE NAVAJO NATION
WINDOW ROCK, ARIZONA 86515

Kayenta Senior Citizen Center
Kayenta B.I.A. Cafeteria
Kayenta, Arizona 86003

PETER MacDONALD
Chairman, Navajo Tribal Council

WILSON C. SKEET
Vice Chairman, Navajo Tribal Council

To: Mr. David Lundberg, Director
Navajo Aging Services
Office of Health Improvement Services
Window Rock, Navajo Nation (Arizona) 86515

Dear Mr. Lundberg:

The following is a statement of needs of the elderly in the Kayenta, Arizona.

1. *Hospital Care*
   - a. Old age Navajos in many cases are neglected in getting adequate medical care in P.H.S. hospitals.
   - b. When an old aged person is ill, he is not taken to a physician until he is seriously ill or developing complications.
   - c. There is a serious lack of transportation that further contributes to delay medical attention.
2. *Outpatient Care*
   - a. The elderly are not receiving adequate service in dental care, life care, acquiring aids such as hearing aid, eye glasses, false teeth, etc.
   - b. The elderly need health diagnostic and treatment services in areas of diabetics, hypertension, obesity and nutrition.
3. *Home Health Care*

   Care of elderly person in their own home is grossly lacking. The elders are without proper care due to neglect by the children and their inadequate knowledge in providing proper care.
4. *Nutrition*

   Nutrition is a pressing and continuing problem among the Navajo elderly.
5. *Nursing Home*
   - a. There is a need for nursing home to be located in Kayenta, Arizona so the elderly could stay in touch with family and friends.
   - b. The Kayenta Planning and Zoning Committee and Kayenta Chapter allocated a land site for a nursing home or extended care facility. This facility will be located next to the future Kayenta hospital.
   - c. Kayenta elderly have requested the Navajo Nation Council on Aging by resolutions to establish a facility for the elderly in Kayenta.
6. *Winterization and Weatherization of homes*
   - a. Many elderly live in inadequate housing that is too cold in the winter and too hot in the summer.
   - b. We need material and labor to make homes safer and health for elderly people who cannot afford to improve their homes themselves.
7. *Fuel*
   - a. The elderly have expressed their immediate need of fuel for cooling and heating purposes.
   - b. Funds are needed for the purchase and delivery of fuels to the elderly who have no means of obtaining them for themselves.

Continued

Continued

8. *Transportation*
   a. Most of the elderly are not in a position to own or drive a vehicle for their own transportation.
   b. Because of this lack of transportation, the elderly cannot acquire those necessities and supplies which are essential to live a normal and healthy life.

In order to obtain most of the above needs of the elderly in the Kayenta Area and the rest of the Navajo Nation, we feel it is necessary and a must to have the Federal Government to provide direct funding to Indian Tribes for services for the Aging.

The foregoing statement of needs was discuss and approved by the Kayenta Senior Citizens Council on *2nd* day of November, 1977, at their duly called meeting.

/s/ Bert Tallsalt	/s/ Billy R. Begay	/s/ Lawrence Big
Chairman, Kayenta Senior Citizen Council	Vice-Chairman, Kayenta Senior Citizen Council	Secretary, Kayenta Senior Citizen Council

Elwood Saganey, Chairman, Navajo Area Indian Health Board

EXACT COPY

UNITED STATES
DEPARTMENT OF THE INTERIOR

BUREAU OF INDIAN AFFAIRS
Navajo Area Office
Window Rock, Arizona 86515

November 8, 1977

Mr. David A. Lundberg, Director
Navajo Aging Service
Division of Health Improvement Service
The Navajo Nation
Window Rock, Arizona 86515

Dear Mr. Lundberg:

We have received your November 7, 1977 letter requesting comments on the "Statement of Needs of the Elderly in the Navajo Nation." We are familiar with this document, have used it with our Agency staff in planning programs and services for the elderly and have shared this with others who have an interest in promoting services for the elderly, for example, in developing a new nursing home or boarding home facility on the Navajo Reservation.

In answer to your specific questions, for FY-1978 BIA Social Services has obligated $763,000 for purchase of custodial care services for elderly persons placed in nursing homes at Chinle, Gallup, Monument Valley and Winslow. Also we have obligated an estimated $180,000 for custodial care services for Navajo persons presently placed in Phoenix Area nursing homes. An estimated $90,000 has been set-aside for BIA Agency staff in purchasing boarding home care or relative care for elderly persons in their own homes or communities, and we are encouraging further activities in this direction.

As you may know, there is an effort to open a nursing home facility at Toyei with an emphasis on serving Navajo persons now placed at Phoenix. Also we are stressing the need to upgrade the quality of care being provided in nursing homes by encouraging more recreational activities, closer relationships with families and development of alternatives to nursing home care in the person's home community for those who have been inappropriately placed. More could be done in all areas of services to the elderly if we had increased funding.

While the major activity of the BIA Social Services in working with the elderly is in the category of nursing home or adult institutional care services, we do not see this as the answer to the needs of most elderly. Instead we would recommend that there be an expansion of 1) chore services, 2) congregate meals, 3) home winterization programs, 4) visiting nurses and home health care aid, and 5) other supportive or direct services to the elderly in their own homes, so that persons could remain at home and with their families and friends rather than the more drastic solution of placement in a nursing home or some other type of institution.

If you could give us more time, we could give you a more comprehensive report.

Sincerely yours,

/s/ Nancy Evans
Area Social Worker

EXACT COPY

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
OFFICE OF THE SECRETARY
WASHINGTON, D.C. 20201

Navajo Area
Indian Health Service
P.O. Box G
Window Rock, Arizona 86515

November 10, 1977

"Statement of Needs of Navajo Elderly"

The mental health needs of the Navajo elderly are related to the isolation, loss of contact with family and community members and the inaccessability of community services. Elderly experience a loss of self esteem and worth because of their lack of meaningful contact with family and community friends. A deepening sense of worthlessness leads to a series of mental health problems that require mental health services.

The Navajo Area Indian Health Service has a limited number of Navajo speaking therapists available in each Service Unit. Psychiatric, psychological and social work consultation is available periodically at the Service Unit Hospital or clinic. It is difficult to provide sufficient mental health services because of its shortage of staff and the necessity for traveling great distances over unimproved roads to contact the elderly patient on a regular basis. It is extremely difficult for elderly to find transportation into the hospital or clinic and when they do come in they find themselves in a foreign environment that may not be conducive to effective mental health therapy.

We need additional staff and transportation resources in order to better serve the Navajo elderly in their homes and communities. We need programs that will enrich Navajo family life and preserve the traditional meaningful roles of the elderly in the Navajo family. We need programs which will encourage elderly Navajos to share their vast experience and knowledge regarding Navajo life with new generations of people who are busy with jobs and school but still vitally interested in learning more about traditional Navajo life.

Recommendations from Aging Workshop Participants at Navajo Health Symposium—1977

Mr. David Lundberg: These are the recommendations of the *Workshop on Aging*, and these are not the recommendations of one community or any senior citizen group, but the recommendations of the people who participated in the workshop.

And in the Navajo Nation, the history of services to elderly people means that the chapters and the families have been providing services to the elderly people in the past. And at this time, there appears to be a development of services to elderly people, but the primary recommendation that the workshop wishes to make is that the services to elderly people continue to be delivered through the families and the chapters, because these are the main providers of services at the present time and these are also the best providers of services to elderly people.

1. So, the *main recommendation is that all programs or agencies which wish to provide services to elderly people should do this through the family and through the chapters.*

   In the meantime, there is a list of short-term recommendations that participants wish to make to the chapters in the coordination of services. And they ask that these services that are being delivered at the chapter level be initiated through local services and council so that the elderly people themselves know what services are going to be delivered to them and so that they have a chance to say what services they want.

   a. The first recommendation is that *all agencies coordinate their services at the chapter through a team effort*. This includes *CD workers, CHR's, tribal social service workers, CETA workers, TWEP workers*, and any other workers that are operating at the chapter level; that they form a team of service providers to coordinate the services to elderly people so that the red tape in the delivery of services can be cut out.

   b. The second recommendation is that the *agency workers of the chapter set aside the month of September to meet the winter needs of elderly people,* and that the agencies that sponsor the chapter workers, all the agencies that sponsor the chapter workers, allow these people the time and resources to meet the winter needs of the elderly people.

   c. Finally, the *service delivery of programs, all programs to elderly people, should be based at the chapter and not have elderly people going to agency towns or border towns for services.* Services should be going to the chapter or to the community for senior citizens. And these should be the same services.

OTHER SHORT TERM RECOMMENDATIONS:

If you are familiar with services to elderly people in the Navajo Nation, one agency will deliver services, a certain kind of service to elderly people, and the same agency in another—or the same program in another agency delivers an entirely different set of services.

1. The *services should be standardized* to elderly people *with standardized eligibility requirements.*
2. **Housing**
   a. A very *high priority is to meet the immediate housing needs of all elderly people.* On a short-term basis, this can be done by *putting the elderly people at the top of the waiting list* for housing improvement and construction. This is a federal requirement and this should be implemented at the local level.
   b. Secondly, *hogans should be constructed near chapters for winter or short-term occupancy by elderly people* who cannot live alone at far distances from food or water.
   c. *All elderly people's homes should be winterized.*
   d. *Housing agencies* should *have group meetings with elderly people* who are applying for housing aid; instead of the elderly person having to go to each housing office, the housing agencies should be at one place and invite the elderly person in to meet with them.
   e. In the agency towns, *all the housing programs should be in one building* so that you don't have to run all over the whole city.
   f. *Waiting lists* for elderly of home construction should be *gathered together by community development workers* to determine how many elderly are actually waiting for homes, and also so that there can be an effort made to secure additional finances to build houses and hogans.
3. **Health**
   a. In the area of health, *health screening clinics should be held at the chapter houses* for elderly people rather than making elderly people go to hospitals or clinics and wait all day to be seen by a doctor. This will do much to prevent health problems of elderly people.
   b. There should be an *immediate provision of hearing aids, false teeth, canes, wheel chairs, and other prosthetic devices* that elderly people need. This is possible right now within the United States to support this, and it *should be done in the next year.*
4. **Prevention of Institutionalization**
   All alternatives available to institutionalization of elderly people *should be provided immediately.* At the present time, many agencies have re-

sources available which could keep an elderly person from being placed in a nursing home. These agencies are not making this information known to the elderly people, to their families, or to their own staff people in the Navajo Nation.

5. **Transportation**
   In the area of *transportation*, the workshop participants ask that all Navajo Nation agencies recognize that *elderly people are entitled to transportation services*. None of us would feel like denying a headstart child the right to go to school, to ride a bus to school, yet elderly people are denied transportation services at the present time.
   a. *Agencies can begin to plan how they can assist in delivering transportation services to elderly people.*
   b. Also, *each community could select a location where elderly people can go to catch a ride* from people who are providing services or people who are going to a different location.
6. **Dissemination of Information**
   Many elderly people in many families and many chapters do not have adequate information about the resources available to elderly people. Therefore, there should be dissemination of information through a. *a weekly column in the* **Navajo Times**, and there should be b. *a directory of aging services*.

These are the short-term recommendations that the workshop participants felt could be implemented within the next year.

LONG TERM RECOMMENDATIONS

Now, I would like to go to the *long-term recommendations* that the workshop participants asked to have these recommendations *coordinated through the Navajo Nation Council on Aging*, so that the delivery of services to elderly people will have some semblance of coordination.

1. The first recommendation is that there be *nutritional meals for elderly at every community* within the Navajo Nation.
2. The next recommendation is that the *housing needs of the entire family be evaluated prior to building homes*. At the present time, the federal regulations do not allow for more than one house to be built in an extended family. Too often this means that if a house is built for an elderly person, then their daughter or their son do not have a house to live in and they move to the town, leaving the elderly person alone at home. Instead, what should be done is that a home should be built for the family, the daughter. There should be a hogan nearby for the elderly person. This should all be done at the same time, so that the family members are encouraged and have housing available near their elderly.
3. The *service area boundaries* of all the different service agencies, BIA, Indian Health Service, Tribe, state, *should be the same throughout the Navajo Nation* in order to reduce the red tape in applying for services.
4. *Services for elderly people should be expanded equally throughout the Navajo Nation.*
5. *Multi-purpose senior citizens' centers should be established geographically* to coordinate and oversee service delivery.
6. All *agencies should make a written commitment to indicate their coordination of services for elderly people through senior citizens' centers.*
7. Specialized agencies in health, in social services should *train gerontological workers* and its gerontological staff. This includes a *doctor* which is called a gerontrician, since Indian Health Service does not have any such health professional at this time on the staff.
8. There should be Navajo *Nation-wide home health care for the elderly.*
9. There should be *complete planning of medical facilities for a community* that includes, not only hospital construction, but also *provisions for extended care facilities, nursing homes and ceremonial facilities for Navajo patients.*
10. There should be *Medicare and Medicaid reimbursement to pay for the cost of traditional ceremonies.*
11. There should be *insurance coverage for all programs vehicles which can provide transportation services to elderly.* This includes insurance coverage for a. *CHR workers* so that they can use their private vehicles to transport elderly; b. insurance coverage for GSA vehicles; c. tribal vehicles, and, d. school buses.
12. There should be a *voucher system for elderly* to enable them *to ride* with other people and to have that cost reimbursed by an agency, or there should be an increase in the financial resources to elderly people so that they can arrange for their own transportation.
13. Finally, in the area of *transportation*, there should be a *transportation plan* coordinated and designed for the Navajo Nation that will insure transportation to elderly people.
14. Last but not least, and something of very critical concern to all the participants, was the impact upon the elderly of the *relocation in the joint use area.*

    The recommendations in this area are that:
    a. *Nutritional services* be provided immediately to all elderly people who may be faced with relocation because of the livestock reduction.
    b. There should be *legal aid for elderly* provided so that the elderly people receive fair compensation for their homes and their livestock.
    c. There should also be *land provided* for elderly people so that they can keep their favorite sheep or cattle or horse.
    d. And finally, there should be provisions to meet the immediate *housing needs* of elderly people in the joint use area.

Thank you.

Report on Dentures, Eyeglasses and Hearing Aids
Prepared for the
Health, Alcoholism and Welfare Committee

PREPARED BY
BARBARA CARR, M.S., RESEARCH ASSISTANT
DEPARTMENT OF HEALTH PLANNING AND RESOURCE DEVELOPMENT
DIVISION OF HEALTH IMPROVEMENT SERVICES

THE NAVAJO NATION

NOVEMBER, 1977

DENTURES:

Source of information: Dr. Robertson, Chief, IHS Dental Branch, Navajo Area Providers:

The Indian Health Service has a staff of 43 full-time dentists and 7 dentists under full-time contract. There are also dentists in Ganado, Newcomb and Chinle.

HEALTH PROBLEM:

During the period October 1976 through August 1977, IHS dentists perceived a need for 12,665 prosthetic devices (bridges, crowns, and upper or lower dentures) of which only 1,874 were provided by IHS. To focus more specifically on the age group most at need of dentures (55 years and up), the need of that group was only met 20 per cent.

PROBLEMS WITH PROVISION OF CARE:

A. The cost of a set of full dentures is $100 (the lab fee for making the dentures). IHS could only contract for $19,000 worth of dental laboratory fees. (If this was used only for dentures, it could pay for 190 full denture sets.)

B. The Indian Health Service in the past would not provide dentures at all and adults were seen only on an emergency basis. Thus, the communities are not aware that dentures can be provided at this time, even on a limited basis.

C. There is a lack of understanding on the part of the elderly about the manner in which dentures are prepared, in particular about the period of healing before impressions for the dentures can be taken.

POSSIBLE SOLUTIONS:

Short term: The tribe or the patient should pay the laboratory fee for dentures. The majority of the cost ($500 - 1,000) of dentures from a private dentist is for the dentist's fee and services.

Health education should focus on the need for dentures, the availability of service from IHS, and the steps which occur when dentures are required.

Long term: A Tribal Dental Laboratory should be considered, using personnel trained at the Dental Laboratory Technician Training Program in Albuquerque, perhaps modeled after Navajo Optics.

EYEGLASSES:

Sources of information: Dr. Gary Pabalis (IHS Eye Clinic, Tuba City), Wendell Mortensen (Navajo Optics).

PROVIDERS:

Indian Health Service has two basic programs: Eyes for the Needy and a Student Program. Eyes for the Needy provides free examination and eyewear for any adult verified as indigent by PHS Social Service or by the Tribe. Also, there are funds to provide free eyewear to anyone over 50, but these funds are limited. The student program provides for screening all school children at the beginning of the school year. Those with visual problems are referred to eye clinics where examinations are made and corrective eyewear prescribed and provided for those with visual defects (glasses are free, but patients must pay for contact lenses).

Navajo Optics provides contract examinations and makes all glasses for IHS under contract, also (20,000 pairs last year). They also provide eyewear on a fee-for-service basis (an additional 20,000 pairs).

There are 7 optometrists at IHS and 3 opthalmologists. IHS contracts for an additional 5-6 optometrists. IHS is 43% deficient in Optometry positions.

HEALTH PROBLEM:

Approximately 40% of the Navajo population needs corrective eyewear. This is high compared to the US general population rate of 15 - 20%.

PROBLEMS WITH PROVISION OF CARE:

A. Adults under 50 have no program and must pay for their examinations and glasses.

B. Single vision glasses take an average of 3½ weeks from time of prescription to receipt by patient. Other types (tinted, bifocal, etc.) take longer.

POSSIBLE SOLUTIONS:

Health education should be provided for visual problems and corrective measures.

Waiting time for corrective eyewear should be decreased.

Funding should be sought for program aimed at those 18 - 50, and additional funding for those over 50.

PROVIDERS:

The Public Health Service provides audiologic testing on a referral basis at Gallup Indian Medical Center and hearing aids to those who need them. The average cost of a hearing aid is $200 (the range is $150 - 400).

HEALTH PROBLEM:

There are two groups at risk of hearing loss among the Navajos: children with hearing loss due to otitis media and adults experiencing loss of hearing with age.

HEARING AIDS:

Source of information: Dr. Bruce DeVlanc, (Chief, Ear, Nose and Throat) Abbie Letey, audiologist (Gallup Indian Medical Center)

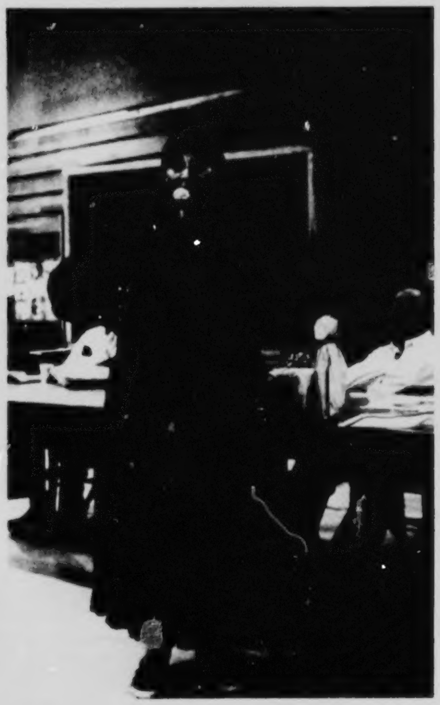
PROBLEMS WITH PROVISION OF CARE:

A. Testing is only done at Gallup Indian Medical Center, which is distant from many parts of the reservation.

B. Testing should be extended to include all persons over 50 before further deterioration has occurred.

POSSIBLE SOLUTIONS:

Testing should be provided at each service unit, either by use of a mobile unit or by construction of a sound-proof room in each service unit. Rotation through each service unit should focus on the susceptibility of the elderly to gradual hearing loss.



Lilly Joe, oldest woman testifying at Toyei, Arizona, Navajo Conference on Aging

EXACT COPY

September 9, 1976

Allan Marer
H.E.W. Region IX
50 United Nations Plaza, Rm. 427
San Francisco, California 94102

Dear Mr. Marer,

I am writing in behalf of 416 elderly people residing in the Kayenta Service Unit on the Navajo reservation. The specific needs of these people vary from person to person but a certain amount of similarity exists with all of them.

1. Lack of adequate nutrition.
2. Substandard housing.
3. Inadequate transportation
4. Long distance from proper medical care.

One of our program plans for the coming year is to more adequately meet the needs of the elderly and disabled. To do this we will need a well developed Home Health Care Program.

Most of the geriatric and disabled have been identified. These people are scattered over a 4000 square mile area. The travel is essentially over very primitive unimproved roads. Many of these are impassable in bad weather. To date an exact determination of individual unmet needs has not been completed. The goals in caring for and assisting these people are to:

1. Develop a system whereby routine physical exams are available on an annual basis—more if needed.
2. Nutrition program to provide adequate meals to those not now receiving such.
3. Scheduled home care to be accomplished by home health aides under the direction and supervision of a public health nurse. A consulting physical therapist is available to our staff.
4. Obtain funding to initiate such a program.

At present too many of our geriatric patients are occupying needed hospital beds because adequate home care cannot be provided by the present small staff.

Any assistance that can be given to help us attain our goals will be greatly appreciated not only by our staff but especially by the Navajo people involved.

Yours truly,

/s/ Margene Bauska, Director
Community Health Nursing

P.S. The geographical situation here cannot be fully realized unless it is seen in person. You and your staff members are cordially invited to come for an on-site visit.

cc: Lillian Watson, Chief
Area Nursing Service Branch
File

Narrative
of
Marie U. Weaver, Director
Public Health Nursing
Chinle Service Unit

The need for a home health program became apparent to me the first few months I was here. Unfortunately, we were extremely under staffed and had to limit what we could do. Some situations were so pathetic we could not withhold our services.

Mr. X. came to my attention by way of our driver-housekeeper. His father was discharged from Fort Defiance Hospital. John had gone there and collected his father and drove him to Many Farms 88 miles away. He deposited the senior citizen on a bed and left. His married sister was to care for him. He was discharged with an external catheter. Five days later John asked me if I could come by and check on his father. His sister was having problems caring for him.

I found a little old man, urine soaked up to his neck, incoherent and frightened. I noted that the blanket he was wrapped in was the original hospital blanket. It appeared he was not touched since John deposited him in bed. The urinary drainage system was off. He needed to be cleaned, changed and fed. He had not had a bowel movement since he was home. We spent almost three hours there. There was a lack of washing equipment and linens. I tried to teach the daughter the basics of home care. When it came to washing the genital area and putting on the external catheter she refused to look and turned away. It was explained to me that it was taboo to do so. There were connotations of incest. I asked the grandson to help but he said, "no way". We finally worked it out that her husband would be available to learn later that week. The patient needed frequent moving, skin care, food, elimination and he received little. I made daily visits for a week but saw little change. It appeared he needed more than I could offer. They were able to get him into Extended Care Facility and he died.

Another case came to my attention by a daughter coming to my office and asking us to come by to see her old mother. Mother was refusing to eat. I did go out to see what could be done. I found the little old lady lying on some blankets on the floor. When I turned her over to check her skin her entire buttock was one huge black ulcer which fell open almost to the bone.

Both these cases are examples of people needing more skilled nursing care than families are able to provide.

Chinle is located in the middle of the Navajo reservation not touching the Anglo world. We do not have a hospital, only a clinic. Because of this isolation the people remain more traditional.

My first example is a demonstration of culture interferring with physical care which at least could make life a little more comfortable. Taboos of varying kinds do prevent families from doing many things. The second example shows lack of knowledge of preventive measures. Home care could have prevented much of the pain.

Next is an example of a family living in Chinle who have the resources and knowledge to provide good nursing care to their 92 year old mother. Mrs. Y is able to live relatively peacefully with her loving family. She has a hospital bed, has an indwelling catheter and eats nourishing foods. Her family has a licensed practical nurse in it. We provide the supplies and the initial teaching of the care and they are able to carry through.

I am enclosing a copy of a referral I could not follow through on because of my priorities. A concerned health person could probably help but it would be time consuming.

We have several paraplegics who were rehabilitated at Craig Hospital in Denver. We could prevent breakdowns in regimens and skin care with regular home visiting.

If we had home health care nurses we could provide nursing care of a higher quality than is now being given by uninformed families. Families would be able to observe these procedures and be able to assume some of the care on a higher level than is currently being rendered.

/s/ Marie U. Weaver, Director
Community Health Nursing Services
Chinle Service Unit
Chinle, Arizona 86503

CHR PROGRAM
THE NAVAJO TRIBE
GALLUP SERVICE UNIT (17 CHAPTERS)

SENIOR CITIZEN 60 +
September 15, 1976

Total	Blind	Crippled	Healthy But Feeble	Chronic Disease	Bedfast	Resthome	No Home Live With Relative
930	34	77	607	188	13	11	66

Chinle facility offers a special kind of care

The Chinle Extended Care Facility, located one mile outside of the town of Chinle, is a unique facility in that it combines a wide range of nursing, medical and rehabilitative care in a setting which promotes Navajo tribal culture.

The Chinle Extended Care Facility is owned and operated by Dine Bitsiis Baa ha-Yaa, Inc. (DDBAY), a charitable, non-profit corporation. DDBAY is managed by an all-Navajo board of directors representing the Navajo people from the reservation, ex-officio members from the Tribal Administration, BIA, PHS, and IHS agencies.

The facility provides skilled nursing care 24 hours a day, seven days a week. It gives rehabilitation to the injured, disabled or sick in a friendly and familiar atmosphere. The medical care is given on an individualized basis by skilled PHS physicians. With the exception of some nursing personnel, the facility is staffed entirely by Indian people.

The Chinle Extended Care Facility is supported by funds received from the BIA and the IHS. It has received approvals from the Navajo Tribal Council, state and federal agencies, and is licensed by the Arizona State Department of Health to provide skilled nursing services and supportive care to extended care patients and elderly Navajos who require comprehensive health care.

The facility is unique in that, although its doors are open to all people without regard to race, color or tribe, the recipients of care are mainly Navajo, and so the Chinle Extended Care Facility offers traditional ceremonies, well-balanced meals with the local flavor, and many cultural and recreational activities.

A hogan was built at the facility for the purpose of holding ceremonies for the patients. It was dedicated in November, 1976. Also, there are sauna baths which were included at the request of the Navajo people, as sweat baths are prominent in the Navajo culture.

The facilities are designed to serve the needs of the patients. There are living rooms designed to accommodate large and small groups and a number of decentralized sitting rooms. The majority of patient rooms have four beds, but there are additional rooms containing one or two beds for those patients who may require isolation or privacy. Physical therapy is provided twice a day, every day.

In its initial years of operation, the Chinle Extended Care Facility had several financial and administrative obstacles to overcome. These problems have now been eliminated, and the facility is entering a period of solvencey and effective management.

The Chinle Extended Care Facility grew out of a public need for services. The public need for an extended care facility has shaped DDBAY's goals for the future. These goals include three more extended care facilities in the near future in Tuba City, Shiprock and the Eastern Navajo Agency.

For additional information, write or call: Chinle Extended Care Facility, P.O. Box 918, Chinle, Az., 86503, (602) 674-5216.

EXACT COPY

ARIZONA DEPARTMENT OF ECONOMIC SECURITY

1717 WEST JEFFERSON • PHOENIX, ARIZONA • P.O. BOX 6123 85005

WILLIAM J. MAYO
DIRECTOR

December 10, 1973

Reply to
attn. of: RPD

Mr. C.R. Krimminger
Executive Assistant
Office of the Governor
State Capitol
Phoenix, Arizona 85007

Dear Mr. Krimminger:

Recommend the State Plan for Aging Programs be approved, by the Governor, as submitted.

This recommendation is based on the information contained in the attached position paper which includes the request from the Navajo Nation, the Governor's response, and the NACOG recommendations as attachments to the position paper.

Sincerely,

/s/ William J. Mayo, Director

Atts.

Navajo Nation Request for Recognition As a Program and Service Area for Older Americans Act, As Amended, Title III Projects

PROBLEM

Navajo Tribal Authority request for recognition as a Planning and Service Area for Aging projects funded through Title III of the Older Americans Act. (Letter and Governor's response attached).

Governor's office concern that this is in conflict with established state planning regions, established state operating procedures for regional planning, and concern that this creates a precedent which is applicable to all Indian reservations within Arizona.

OPTIONS AVAILABLE

1. Do not identify the Navajo reservation (Arizona portion) as a Program and Service Area.

   Consequences of this Decision

   a. Must be justified as it relates to this reservation, not all other reservations.
   b. NACOG must accept the responsibility.
   c. Navajo Tribal Authority must agree to NACOG accepting the responsibility.
   d. Ripple effect: Applies equally to all other Indian reservations and COGs in Arizona in all program planning and funding.

2. Recognize the Navajo reservation as a Program and Service Area for Aging Programs.

   Consequences of this Decision

   a. Reinforces an already established precedent (Manpower Planning).
   b. Establishes the probability of a similar request from other major Indian reservations in Arizona (provided for in the federal law and regulations. Each request must be judged on its own merits).
   c. Destroys our established planning region. (State established the planning regions for comprehensive regional planning by political subdivisions, cities and counties, that were created by the state. Indian reservations were created by the Federal Government as were the states. The established planning regions failed to take into account tribal reservation boundaries that cross planning region boundaries. The state has not mandated the planning regions include the reservations in their planning. The funds involved are federal with the local match coming from the tribal authority).

RECOMMENDATION

Either forward the state plan as it has been submitted or mandate the COGs provide the planning for federal funded projects on Indian reservations and mandate tribal authorities submit federal grant applications through regional clearinghouses. (Do not believe the federal agencies will cooperate in the latter option.)

BACKGROUND

Executive Order 70-1 "Creating the Arizona State Advisory Council on Intergovernmental Relations" could be construed to include Indian reservations if you interpret "and any other political subdivision of the State" to apply to Indian reservations. The membership of the council does not specifically state that Indians will be represented.

Executive Order 70-2 "Relating to the Intergovernmental Cooperation Act of 1968, Public Law 90-577, and the establishment of Planning Districts within the State of Arizona" established planning regions based on county lines. The Executive Order failed to provide for Indian reservations that cross county lines and thus cross planning regions. No reference was made regarding Indians nor Indian reservations.

Executive Order 71-1 "Creating the Arizona State Programming and Coordinating Committee for Federal Programs" did not refer to Indians nor Indian reservations and did not provide specifically for Indian representation.

All of the above Executive Orders relate to program planning utilizing federal funds; are primarily in response to the OMB Circular A95; and are the basis for establishing regional clearinghouses which then became the basis for establishing Councils or Associations of Governments.

Previously Articulated Governor's Office Position regarding the Interrelationship between COGs and Tribal Authorities

COGs should be encouraged to include the needs of the Indian reservations in their planning process and Indian Tribal Authority representatives on the council.

Indian Tribal authorities should be encouraged to participate in the regional planning process.

Neither party will be mandated to participate or not participate. It will be a local option.

Previously Articulated Governor's Office Position regarding Indian Self-determination

The Indian Tribal Authorities should be encouraged to become self-sustaining, self-supporting, and self-governing. Technical and financial assistance should be provided where appropriate, where needed, where available, and where requested.

Federal Court Decision

The A-95 process does not apply to Indian reservations.

Previous Precedent

The Navajo Reservation has previously requested, over two years ago, recognition as a manpower planning region and federal funding for manpower planning. The Department of Labor recognized and funded the Navajo Nation in accord with their request. Arizona either supported or, at the very least, did not protest this identification. The Northern Arizona Council of Governments is not involved in either the Navajo Nation manpower planning or any review and comment on the plan. The State Manpower Plan has recognized the Navajo Nation as a separate entity for at least two years.

Northern Arizona Council of Governments' Position regarding Aging Programs (Letter attached)

"I recommend that the Bureau on Aging deal directly with the tribes concerning either aging planning or aging programming and operation of direct service programs."

Public Law 93-29-Older Americans' Comprehensive Services Amendments of 1973

An Indian tribal organization is eligible for recognition as an agent to plan and conduct Title III programs under the Older Americans Act.

The State Agency shall divide the entire state into district areas in accordance with regulations of the (Aging) Commissioner.

Federal Regulations

903.57-Designation of Planning and Service Areas

"Wherever possible, an Indian reservation shall be designated as a distinct Planning and Service Area."

Federal Criteria for Approval of State Plans under Title III of the Older Americans Act

IV. Designation of Planning and Service Areas

4. The major Indian reservations in a state must be designated a planning and service area, or the state has included a justification for not doing so.

Probably Justifiable Reasons for Not Designating a Major Indian Reservation as a Program and Service Area

1. Such designation would be in conflict with an already established system that includes the planning for, the funding of, and the administration of the programs on that reservation.
   1a. Does not appear applicable in Arizona.
2. The Tribal Authority is not capable of program planning, program administration, and has not demonstrated fiscal accountability.
   2a. Do not believe that any of the above can be documented to apply to the Navajo Tribal Authority.

EXACT COPY

NAVAJO NATION

WINDOW ROCK, ARIZONA 86515

October 2, 1973

Dear Governor Williams:

We have been informed that, in order for the Navajo Nation to be eligible for funds under the Older Americans Act, the Navajo objectives *must* be included within your State Plan for Aid to the Aged. We have also been informed that federal regulations recommended that Indian Tribes be designated by State governments as planning service areas under this Act.

We would greatly appreciate it if you would have your staff contact Mr. Marshall Tome, Director of Operations, Navajo Nation, Window Rock, Arizona and initiate discussion of both Navajo inclusion in your State Plan and *possible* Planning Service Area designation for the Navajo, for action must be taken now if our aged and aging are to receive a full share of the assistance they so desperately need.

Sincerely yours

/s/ Peter MacDonald
Chairman
Navajo Tribal Council

The Honorable Jack Williams
Governor, State of Arizona
State Capitol Building
Phoenix, Arizona 85001

OFFICE OF THE GOVERNOR
STATE HOUSE
PHOENIX, ARIZONA 85007

October 17, 1973

Mr. Peter MacDonald, Chairman
The Navajo Tribe
Window Rock, Arizona 86515

Dear Chairman MacDonald:

Thank you for your letter of October 2nd.

I have requested Hawley Atkinson to contact Mr. Marshall Tome to initiate immediate plans to include the Navajo Tribe in the State Plan for Aid to the Aged.

Your concern in keeping me advised is appreciated.

Sincerely,

/s/ Jack Williams

JW:ha:js

Northern Arizona Council of Governments

P.O. Box 57 Flagstaff, AZ 86001
(602) 774-1894

August 1, 1973

Mr. Robert L. Bouvea, Chief
Bureau on Aging
2721 North Central Avenue
Room 800
Phoenix, Arizona 85012

Dear Mr. Bouvea:

My apologies for not following our conversation, held sometime ago, with written comments as concerns the distribution of Title VII Funds. Perhaps I have become skeptical of eventual funding.

Let me begin by pointing out the overwhelming reality of separate planning by the Indian Tribes in our Region. NACOG does not now nor is it very likely that we shall plan for the Tribes. Recently, the Navajo Tribe received $146,000 for its own Comprehensive Health Planning Agency (CHP). The Hopi are included in this CHP undertaking. This recent development appears to give these two Tribes the resources with which to conduct Aging Planning should they have the desire. Not only do these two Tribes have a planning capability, they have a programming capability as witnessed by their many successes in obtaining grant funds for direct services to the Indian People.

I recommend that the Bureau On Aging deal directly with the Tribes concerning either Aging Planning or Aging Programming and operation of direct service programs.

I believe that the Bureau On Aging must adopt some kind of criteria by which to fund the Tribes apart from the Councils of Government. There is a precedent for this since DOL funds Manpower Training Programs separately. DOL gives a block grant to the Indian Development District of Arizona (IDDA) which in turn contracts with the individual Tribes for particular Manpower Programs.

Considering the need of off-reservation elderly in Region III, the Bureau On Aging would place NACOG in a difficult position by having us choose between reservation elderly - whom we do not plan for and whose governments have not chosen thus far to participate on the NACOG Regional Council - and non-reservation elderly. A separate allocation for the Tribes would resolve this untenable position.

Prescott and Flagstaff are the logical sites for any Title VII money which might be allocated to Region III. Both cities have the resource base, social services and educational institutions necessary to effect a strong program. Inasmuch as Prescott currently has a meals program, we would direct Title VII money first to Flagstaff. Assuming that an effective program will require some $50,000, Prescott would receive the remaining $28,500 to expand its congregate meals program. If more funds are available than had been anticipated we would then re-program the Title III funds in Prescott for a meals programs in other Region III communities particularly in Navajo or Apache Counties.

In summary, Title VII Nutrition Funds which are allocated to the off-reservation elderly in Region III should be directed first to Flagstaff and secondarily to Prescott. Title III funds can be re-programmed into another Region III community should Title VII money be sufficient to continue congregate meals programs in Prescott.

I trust that our position is clarified concerning distribution of Title VII funds in Region III.

Sincerely,

/s/ Russell E. Clark, Deputy Director
NACOG Human Resources Planning

cc: Al Heinze, Assistant Director

Testimony of Sophie Thompson
before the Subcommittee on Housing and Consumer Interests of the Select Committee on Aging U.S. House of Representatives

Los Angeles, California
August 23, 1977

Mr. Chairman and Members of This Committee:

My name is Sophie Thompson. I am a member of the Navajo Tribe. I work with the Indian Health Service in Window Rock, Arizona and I am a member of the Board of Directors of the National Indian Council on Aging.

I thank you for this opportunity to speak before you. When I speak of the needs and problems of our elderly, I find it difficult to decide what to include and what to leave out, for I find that there is so much needing to be said. However, I shall be brief and attempt to focus on those concerns that I feel are of major importance.

What I am about to say will not be new, for they have been said repeatedly in hearings and wherever Indian people have found the chance to be heard. And I suspect that wherever we can be heard, we will continue to say, "Let us do our own thing, let us plan our own program, make our own mistakes if need be, determine our own destinies". Put the means at our disposal as you have put them at the disposal of States and Regions and outside Area Agencies on Aging which render our elderly little or no benefit. I ask, how many more times must we repeat ourselves, when will the message get across? Hopefully today, through you who have the authority and power to legislate change. I have brought some maps to give a better idea of our geographic location in relation to the states of which we are part, especially for the benefit of those who are not familiar with our part of the country.

The Navajo Reservation is in the Four Corners Region. The largest portion of the Reservation is in Arizona and the smallest in Utah. The other portion is in New Mexico. The Reservation is approximately 300 miles from east to west and approximately 250 miles from north to south. As you see, it is dotted with Chapter communities. A Chapter is a local political subdivision with a president, vice president and secretary. There are 102 of these on the Reservation, these include three large Navajo communities not located within the Reservation proper but are closer to the Pueblo Villages.

Among the unique features of our Reservation, and one to which a great deal of our seemingly insurmountable problems relate, is that, in addition to being in three states, it also falls into three Federal regions, Regions VI, VIII, IX; ten counties, and five Planning and Service Areas. Each Region, State, PSA has its own policies and administration, its own plan on Aging and its own guidelines. While the Navajo Tribe is one nation with a central government, it is continually torn in at least three different directions whenever it tries to service its population through the states.

The Older Americans Act has been with us some twelve years now, yet it has made little impact. Our Tribe could be utilizing many programs but due to lack of expertise and technical assistance, funds and programs come and go without our knowledge. Distances and barriers to communication are not conducive to the states and AAA's sharing information with us. Although they presumably have the Federal wherewithal to perform these functions, the Indian people must go to their offices to seek services for their people, often digging into their own pockets because they don't have the funds from other sources. I have done this myself in relation to Arizona and New Mexico. For me to do this entails at least a three-day chunk of time out of my schedule to travel 200 miles to Phoenix, one day travel down and one day travel back, for a one-day meeting. This in effect is in-kind contribution on the part of myself or my Agency, but it is not counted as such. I might say here that on the Reservation at least 90% of programs are Federal programs so that non-Federal match for many programs is hard to come by.

The two known and used titles are Title III and Title VII. Title IX has also had limited utilization in Navajoland.

Our oldest meal sites date to 1974. In that year seven sites began to operate, six in New Mexico, not under OAA funding but under the former ABD programs. These were discontinued after one year. The only OAA meal site was in Arizona. In 1975 and 1976 four new sites were added in the Arizona portion under Title VII, and very recently, three new meal sites were developed in the Joint-Use-Area to help alleviate hardships imposed on that area by the Land Dispute. This was done with Bureau of Indian Affairs Social Service monies, not Title VII. Since 1975 four meal sites have been operating on the New Mexico portion. These are operating by Chapters under some arrangement with the county, and provide only for running of the programs but not for administration. In the New Mexico sites one meal a day is served for five days a week to approximately 80 people a day total. Arizona also serves 5 meals a week at each meal site to a total of 225 people on the average. Utah has 5 sites serving one meal a week to approximately 80 people.

This brings the average number of elderly Navajos served daily to a total of 382 leaving between 98 and 99% of eligible elderly without service. The 1976 BIA census puts the population over age 55 at 13,273; and those sixty and over at just slightly under 10,000 (9994).

The State of Arizona has been faced with an unenviable job of trying to develop a plan that will fit all Tribes within its boundaries. It recently came into some one-time monies but did not want to be caught under-funding any tribe so asked the 19 Indian Tribes to seek the funds on a request for proposal (RFP) basis. Those tribes that submitted proposals would be funded. Needless to say, the Navajo Tribe, being the largest, would have swallowed the total allotment of funds, whether it went on population basis or RFP. The Navajo Tribe constitutes 59% of the Indian elderly and gets 30% of Title VII funds, and less of Title III. The Tribes do not have expertise to write proposals so the state attempted to provide technical assistance in developing proposals. Again, the Navajo Nation is too large and too distant from the central state office. The state decided to give technical assistance to nearby tribes but none to the larger, more distant tribes.

The Navajo Tribe consistently loses out because it not only does not have technical people but is not allowed with OAA funds to hire consultants who can help write proposals.

Presently no acceptable formula exists to address this funding fiasco, and now the State of Arizona is asking the tribes to come up with a formula as to how the funds for the Tribes should be disbursed.

I believe that the Director of the Arizona Department on Aging is making a sincere attempt to do fairly to all, but the situation appears beyond any one person's ability to solve. It must be said that Arizona is the only one of the three states making a deliberate effort to really involve its Tribes through formation of an Indian Advisory Council. The Council does not exist yet but numerous Indian persons are interested in developing such a Council.

The delivery of Social Services to the elderly is also in great need of improvement. Both New Mexico and Arizona have token services contracted to the Tribe. These services include homemaker, chore services, health support services, counseling and information and referral. Except for the Information and Referral services, only the SSI recipients are to be served. As can be seen, only chore services and possibly health related transportation are tangible, the rest are "talking" types of services which the elderly do not understand when they come to agencies with real trouble problems. The service providers are on the whole untrained indigenous people attempting to render services with minimal resources. Agencies are doing I & R to each other because they themselves do not have the means or know-how to render such services, so that what turns out often is whole scale buck-passing while the elderly continue to go without needed services.

I guess, in summary, what I am trying to say is that we, the First Americans, started last with too little too late in benefitting from the abundance of our American heritage, so that now we need more, much more, in men, money, and materials and infinitely more in understanding of our national leaders to try to find our place on the American scene.

The 1975 Amendments to the Older Americans Act, I believe, is moving in the direction of correcting many of the impracticalities (for the Indian Tribes). However, it still hinders the Tribes' full utilization by placing the burden of proof on the Tribes rather than the states. That is—an Indian Tribe or organization must prove that the state is not providing equally to the Indians before funds can go direct to Indians.

Most of our needy elderly still live in their ancient traditional life style hogans, or often one room board "houses" serve as shelter the year round. It is estimated that 63% of Navajo homes do not have running water or indoor toilet facilities. This is more true of the aged population than of the younger. These people speak only Navajo and know only one way of life—that which they now have. But they live on in material poverty. You might ask me, "Why don't they move to communities?". Let's assume they could. Where would they move to? Most communities discourage influx; lack of housing is a continual problem plaguing every community on the Reservation. Moving one elderly turns out to be a major upheaval, as indicated by problems encountered when they enter a hospital or a nursing home. The emotional and psychological impact is unbelievable. The medical world, particularly the field of psychiatry, makes much of the umbilical cord in a symbolic sense. In Navajo practice, when a child was born, his/her umbilical cord was buried in the hogan where he was born. Nothing symbolic in that. The elderly Navajo is literally connected to the place of his birth by his umbilical cord, his life line. This is why so much suffering is engendered by the forced relocation some Navajos are presently undergoing in some parts of the Reservation, especially the aged. And this is why any move which does not originate in their own intentions is tantamount to execution of the elderly, "genocide," I believe it is called.

Our belief is that we, the Indian people ourselves, are best able to deliver the services needed by our elderly, or surely they will continue to be last to benefit from America's riches.

One year ago in Albuquerque, before some of the same people present here today, Mr. Rodger Sandoval of the Office of Navajo Economic Opportunity, presented the same problems and made the same plea* for Navajo self-determination—for, in essence, that is what it is, regardless of what one chooses to call it. Only as Tribes are given the opportunity and the resources to plan and develop their own programs, not by way of the states, but as entities in their own rights, can the full benefit intended for them be realized. This is our request—direct funding. Thank you.

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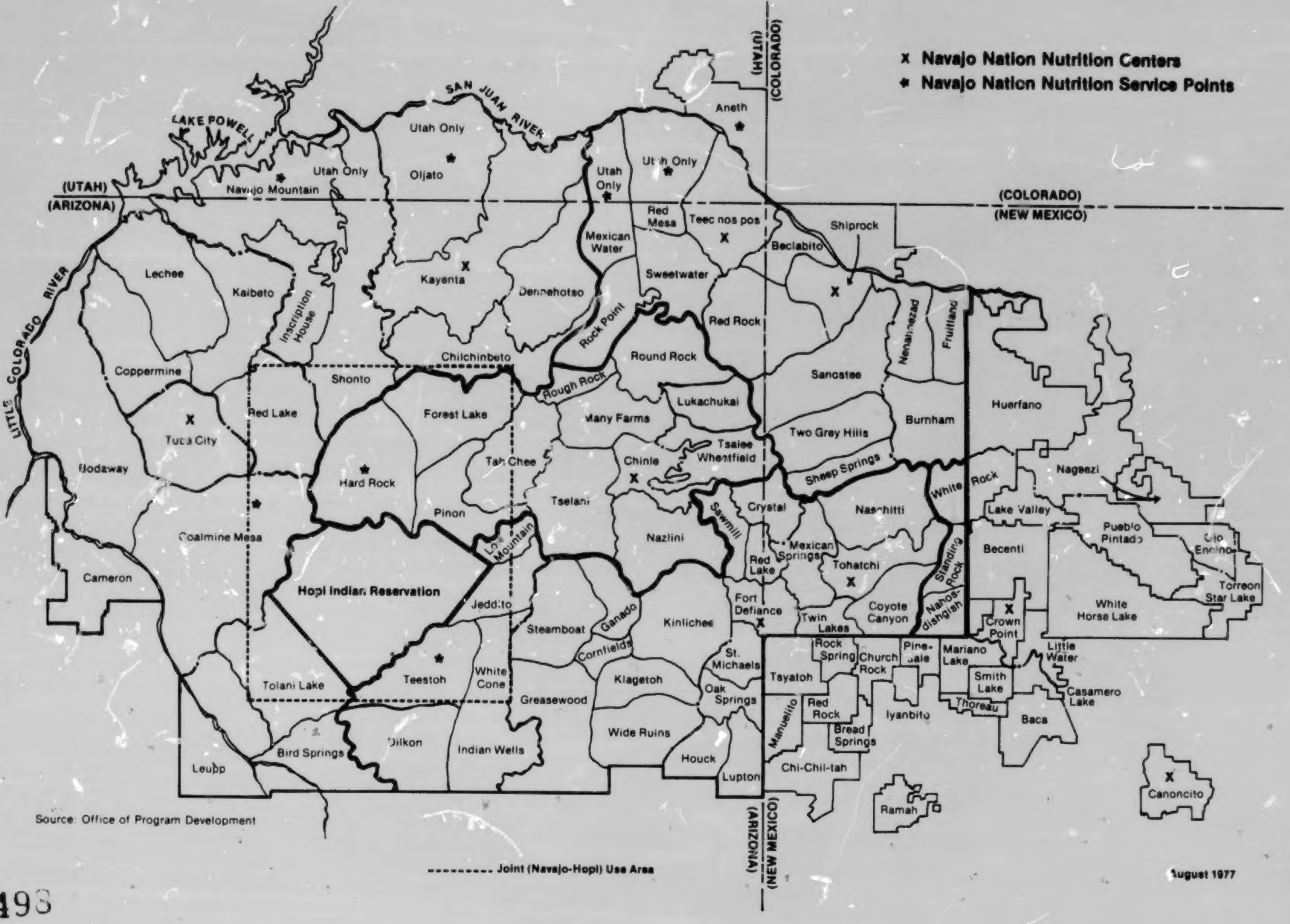
* Refer to P. 591 for Mr. Sandoval's testimony


x Navajo Nation Nutrition Centers
* Navajo Nation Nutrition Service Points
----------- Joint (Navajo-Hopi) Use Area
(UTAH)
(ARIZONA)
(COLORADO)
(NEW MEXICO)
LAKE POWELL
SAN JUAN RIVER
LITTLE COLORADO RIVER
Navajo Mountain
Utah Only
Oljato
Aneth
Mexican Water
Red Mesa
Teec nos pos
Shiprock
Beclabito
Sweetwater
Kayenta
Dennehotso
Lechee
Kaibeto
Inscription House
Rock Point
Red Rock
Nenahnezad
Fruitland
Chilchinbeto
Round Rock
Sanostee
Coppermine
Shonto
Rough Rock
Lukachukai
Huerfano
Red Lake
Forest Lake
Many Farms
Two Grey Hills
Burnham
Tuba City
Tah Chee
Tsaile Wheatfield
Chinle
Sheep Springs
Bodaway
Hard Rock
White Rock
Nageezi
Tselani
Crystal
Naschitti
Pinon
Lake Valley
Coalmine Mesa
Low Mountain
Sawmill
Nazlini
Mexican Springs
Standing Rock
Becenti
Pueblo Pintado
Ojo Encino
Red Lake
Tohatchi
Cameron
Hopi Indian Reservation
Torreon Star Lake
Jeddito
Ganado
Kinlichee
Fort Defiance
Twin Lakes
Coyote Canyon
Nahodishgish
Crown Point
White Horse Lake
Steamboat
Cornfields
Rock Springs
Church Rock
Pinedale
Mariano Lake
Little Water
St. Michaels
Tsayatoh
Smith Lake
Casamero Lake
Tolani Lake
Teestoh
White Cone
Klagetoh
Red Rock
Thoreau
Greasewood
Oak Springs
Iyanbito
Baca
Manuelito
Bread Springs
Wide Ruins
Bird Springs
Dilkon
Indian Wells
Houck
Chi-Chil-tah
Leupp
Lupton
Canoncito
Ramah

Source: Office of Program Development

August 1977

Older Americans Act Title III Resources in the Navajo Nation

	Arizona Portion	New Mexico Portion	Utah	Communities in more than 2 States
Date Program Began	1975	None	None	None
Total Funding	$25,416.00	No Differentiation for Navajo People	No Differentiation for Navajo People	None
Activities	Coordination /Planning	Unknown	Unknown	None
Minority Contractor	The Navajo Tribe	No	No	No

Title IV—No separate funding to date.

Title V— No funds to date to our knowledge

Title IX—Arizona Portion through Arizona minority contractor, but unequal distribution of positions.

New Mexico Portion: No knowledge of any.

Utah Portion: Minority contractor, unknown numbers of positions.

Other Resources: Bureau of Indian Affairs Social Services provided Emergency funds for 3 sites in the Hopi-Navajo Joint Use Area where elderly are primarily affected by land dispute.

Older Americans Act Title VII Resources in the Navajo Nation (and other Federal Resources)

	Arizona Portion	New Mexico Portion	Utah	Communities in More Than Two States
Date Program Began	1974—1 site	1974 (Social Security Act —6 sites)	1976 Dec. (5 Sites CSA)	0
Dates of Expansion	1975—1 site 1976—3 sites 1977—3 sites (BIA S.S. $)	1975 (some Title 7 $) 1975 Title 7 —4 sites 1977—1 site	1977— (1 site CSA)	0
Average Served Daily	225	77	80	0
Number Days Serving in Week	5 days (all sites)	5 days (all sites)	1 day a week	0
Total Elderly/ % of Elderly Not Served	7,855/98%	5,280/99%	565/98%	100%
Number of Communities with svcs./ without svcs.	8/46	5/40	6/0 (Utah portion only)	0/13
Number of Communities Requesting Program	24	8	Requesting 5 days a week	4
Minority Contractor	Navajo Tribe	No (County)	No (County)	No
Federal Resources	$126,000.00 (Indian set-aside)	Not Broken Out	Not Broken Out	None
Tribal Resources (In Kind)	$375,635.00	$18,000.00	$9,000	

MEMORANDUM

TO: ALL CONCERNED

FROM: Ronald G. Faich, Director
Research & Statistics Division
Office of program Development

SUBJECT: Population Estimates for July 1, 1977

The provisional estimates of the July 1, 1977 population of the Navajo Nation, disaggregated by age, sex, race and Agency of residence, are projections based upon the statistics adopted in 1970, 1973 and 1975 by the U.S. Office of Revenue Sharing. These statistics were provided to USORS by the Statistics Division, Bureau of Indian Affairs, Washington, D. C., and are based on adjustments to the 1970 Census, subsequent birth and death records provided by the U.S. Public Health Service, and county migration data from the U.S. Census Bureau.

These statistics, commonly known as the "Revenue Sharing numbers," are currently used by an increasing number of Navajo Area agencies, and by the U.S. Departments of Interior, Commerce, Justice, Housing and Urban Development, and Health, Education and Welfare. Census Bureau officials have conceded, "off-the-record," that these statistics are "the most accurate available numbers" for the Navajo Nation.

/s/ Ronald G. Faich

RGF/dk

PROVISIONAL ESTIMATES
The Navajo Nation
July 1, 1977

AGE	NAVAJOS MALE	NAVAJOS FEMALE	NON-NAVAJOS MALE	NON-NAVAJOS FEMALE
0—4	10,470	10,344	672	640
5—9	11,645	12,005	735	736
10—14	10,354	10,902	737	719
15—19	7,930	8,544	512	486
20—24	4,534	5,442	408	574
25—29	3,850	4,334	589	664
30—34	3,314	4,054	469	521
35—39	3,032	3,620	474	460
40—44	2,515	3,072	440	448
45—49	2,136	2,387	381	398
50—54	1,806	1,958	362	353
55—59	1,569	1,624	300	315
60—64	1,393	1,483	217	222
65 +	2,888	2,781	306	309
	67,436	72,610	6,602	6,845
	140,046		13,447	

PROVISIONAL ESTIMATES
The Navajo Nation
July 1, 1977

AGENCY	Navajos MALE	Navajos FEMALE	Non-Navajos MALE	Non-Navajos FEMALE
Chinle	8,743	9,433	659	690
Eastern	12,919	13,996	2,997	3,010
Ft. Defiance	16,010	17,136	1,112	1,185
Shiprock	13,149	14,360	646	693
Western	14,520	15,418	1,041	1,126
Alamo	462	474	0	0
Canoncito	755	771	2	2
Ramah	878	1,022	145	139
TOTALS	67,436	72,610	6,602	6,845
	140,046		13,447	

PROVISIONAL ESTIMATES
Chinle Agency
July 1, 1977

AGE	NAVAJOS MALE	NAVAJOS FEMALE	NON-NAVAJOS MALE	NON-NAVAJOS FEMALE
0—4	1,311	1,406	67	56
5—9	1,513	1,509	51	70
10—14	1,399	1,358	67	70
15—19	1,049	1,189	43	45
20—24	691	774	36	71
25—29	516	528	70	84
30—34	350	472	45	44
35—39	350	443	50	49
40—44	376	349	42	34
45—49	262	283	33	37
50—54	210	255	31	40
55—59	201	198	29	33
60—64	192	226	23	22
65 +	323	443	72	35
	8,743	9,433	659	690
	18,176		1,349	

PROVISIONAL ESTIMATES
Eastern Navajo Agency*
July 1, 1977

AGE	NAVAJOS MALE	NAVAJOS FEMALE	NON-NAVAJOS MALE	NON-NAVAJOS FEMALE
0—4	2,015	1,973	272	251
5—9	2,209	2,309	349	356
10—14	1,925	2,113	362	365
15—19	1,524	1,568	296	242
20—24	840	1,064	181	223
25—29	736	868	225	240
30—34	659	840	182	212
35—39	581	756	211	217
40—44	543	602	204	210
45—49	439	448	166	181
50—54	375	350	165	143
55—59	323	308	129	129
60—64	258	308	103	97
65 +	492	489	152	144
	12,919	13,996	2,997	3,010
	26,915		6,007	

* Excludes Alamo, Canoncito, Ramah and the town of Gallup.

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Fort Defiance Agency
July 1, 1977

	NAVAJOS		NON-NAVAJOS	
AGE	MALE	FEMALE	MALE	FEMALE
0—4	2,257	2,382	142	134
5—9	2,674	2,673	122	103
10—14	2,385	2,553	95	96
15—19	1,921	1,983	60	78
20—24	1,057	1,251	75	102
25—29	913	1,028	111	139
30—34	945	925	104	96
35—39	736	805	81	71
40—44	560	771	77	84
45—49	560	617	72	68
50—54	480	531	70	58
55—59	352	463	50	63
60—64	336	343	30	30
65 +	16,010	17,136	1,112	1,185
	33,146		2,297	

Western Navajo Agency
July 1, 1977

	NAVAJOS		NON-NAVAJOS	
AGE	MALE	FEMALE	MALE	FEMALE
0—4	2,5[illegible]0	2,236	110	118
5—9	2,[illegible]41	2,652	115	107
10—14	2,280	2,374	119	107
15—19	1,670	1,850	71	80
20—24	973	1,110	62	100
25—29	770	925	104	114
30—34	697	925	72	90
35—39	668	755	74	69
40—44	465	648	65	66
45—49	421	463	71	69
50—54	319	432	58	68
60—64	261	278	36	32
65 +	566	492	35	52
	14,520	15,418	1,041	1,126
	29,938		2,167	

Alamo
July 1, 1977

	NAVAJOS		NON-NAVAJOS	
AGE	MALE	FEMALE	MALE	FEMALE
0—4	91	77		
5—9	71	102		
10—14	71	68		
15—19	60	55		
20—24	39	30		
25—29	14	27		
30—34	14	33		
35—39	22	33		
40—44	19	6		
45—49	10	16		
50—54	14	5		
55—59	6	8		
60—64	8	5		
65 +	23	9		
	462	474	0	0
	936		0	

Shiprock Agency
July 1, 1977

	NAVAJOS		NON-NAVAJOS	
AGE	MALE	FEMALE	Male	Female
0—4	1,999	2,039	66	71
5—9	2,354	2,441	83	81
10—14	2,025	2,168	76	67
15—19	1,512	1,709	30	32
20—24	828	1,091	42	65
25—29	776	905	66	71
30—34	565	747	53	68
35—39	618	732	50	45
40—44	500	617	44	44
45—49	394	488	31	35
50—54	355	345	30	35
55—59	329	339	37	32
60—64	302	273	19	27
65 +	592	475	19	20
	13,149	14,360	646	693
	27,509		1,339	

Ramah
July 1, 1977

	NAVAJOS		NON-NAVAJOS	
AGE	MALE	FEMALE	MALE	FEMALE
0—4	129	143	15	10
5—9	146	169	15	14
10—14	146	143	18	14
15—19	106	105	12	9
20—24	54	66	12	13
25—29	74	61	13	15
30—34	42	82	13	10
35—39	28	47	8	9
40—44	29	44	8	10
45—49	30	54	8	8
50—54	23	15	8	9
55—59	19	27	5	4
60—64	22	28	5	5
65 +	30	38	5	9
	878	1,022	145	139
	1,900		284	

Canoncito July 1, 1977

	NAVAJOS		NON-NAVAJOS	
AGE	MALE	FEMALE	MALE	FEMALE
0—4	98	88	0	0
5—9	137	150	0	0
10—14	123	125	0	0
15—19	88	80	0	0
20—24	52	56	0	0
25—29	51	52	0	1
30—34	42	30	0	1
35—39	29	49	0	0
40—44	23	35	0	0
45—49	20	18	0	0
50—54	30	25	0	0
55—59	20	12	1	0
60—64	14	22	1	0
65 +	28	29	0	0
	755	771	2	2
	1,526		4	

Recommendations (position papers) made by Rodger H. Sandoval at Forum on Aging in Albuquerque, New Mexico (UNM) Woodward Hall—July 16 & 17, 1975

1. That the two (2) Indian Legislators of New Mexico (Senator Tom Lee and Representative Leo Watchman) be appointed to the joint Legislative Committee on Health and Aging Committee.
2. That bill HR-3922 (Federal) Administration on aging be extended to include language addressing special needs of the Indian Elderly.

3. That a New Mexico State Indian Advisory Group to the New Mexico State Commision on Aging be established.

4. That the New Mexico State Commission on Aging do all things possible to assist in planning, providing technical assistance and possibly providing some financial assistance to the New Mexico Indian Elderly for a National Conference on The Indian Aged - Conference tentatively planned for June, 1976.

5. Establish stronger lines of Communications & Coordination for the New Mexico Commission on Aging services for *all* elderly.

Respectfully submitted,

/s/ Rodger H. Sandoval
Director of Administration
Office of Navajo Economic Opportunity
Ft. Defiance, Arizona 86504

For additional, more comprehensive recommendations by Mr. Sandoval, please refer to Page 591.

NATIONAL INDIAN CONFERENCE ON AGING
NATIONAL TRIBAL CHAIRMEN'S ASSOCIATION

Name of Tribe/Alaskan Native Community/Indian Organization NAVAJO

Mailing Address Division of Health Improvement Services
The Navajo Tribe
Navajo Aging Service
P.O. Drawer E
Window Rock, Az. 86515

Telephone (602) 729-5022

Name of person submitting this report David Lundberg

Title Director, Navajo Aging Service

Date November 18, 1977

Number of persons in service population who are:

Between 50 and 55 (4479) 55-60 (3808) 60 and over (*)

*The Navajo Tribe estimates that 10% of total tribal population is elderly or 14,000 60+

Are you now receiving funding for services to the elderly?

(x) Yes ( ) No

If yes, from what Agency?

( ) Tribe ( ) ANA (ONAP) ( ) Title XX (PSA) ( ) HUD ( ) CSA

(x) State Agency on Aging (Arizona only) ( ) Area Agency on Aging

( ) Other (please describe)

What services are you currently providing for the elderly in your community?

( ) Housing (x) Nutrition ( ) Senior Center (x) Transportation (including escort service)

(x) ~~Homemaker~~, Laundry, Shopping, Housecleaning (cross out what does not apply)

( ) Security – patrol service, telephone reassurance

( ) Other (please describe) Information and referral, Social Services
Education and Recreation

What services for the elderly are most needed in your community? (Please describe)

Transportation, Home Health Care, Nutritional Funding

(Over)

Have you tried to obtain funding for these services?

(x) Yes ( ) No

If yes, from what agency? Arizona State Bureau on Aging, New Mexico Commission on Aging

What was the reason given for not funding your project? Funds are not allocated on a population basis therefore the Navajo Tribe is not receiving an equitable amount of funds, much less attaining service equivalent to off reservation area.

ADDITIONAL COMMENTS:

The States of Utah and New Mexico have not fully attempted to develop Aging programs through the Navajo Tribal Government.

PLEASE RETURN PRIOR TO NOVEMBER 18, 1977, TO:

NATIONAL INDIAN CONFERENCE ON AGING
NATIONAL TRIBAL CHAIRMEN'S ASSOCIATION
P.O. BOX 2088
ALBUQUERQUE, N.M. 87103

Older Americans Act Title III Resources in the Navajo Nation

	Arizona Portion	New Mexico Portion	Utah	Communities In More Than Two States
Date Program Began	1975	None	None	None
Total Funding	$25,416.00	No Differentiation for Navajo People	No Differentiation for Navajo People	None
Activities	Coordination/ Planning	Unknown	Unknown	None
Minority Contractor	The Navajo Tribe	No	No	No

TitleIV—No Separate funding to date.
Title V—No funds to date to our knowledge.
TitleIX—Arizona Portion through Arizona minority contractor, but unequal distribution of positions.

New Mexico Portion: No knowledge of any.
Utah Portion: Minority contractor, unknown numbers of positions.

Other Resources: Bureau of Indian Affairs Social Services provided emergency funds for 3 sites in the Hopi-Navajo Joint Use Area where elderly are primarily affected by land dispute.

Older Americans Act Title VII Resources in the Navajo Nation (and other Federal Resources)

	Arizona Portion	New Mexico Portion	Utah	Communities in More Than Two States
Date Program Began	1974—1 site	1974 (Social Security Act—6 Sites)	1976 Dec. (5 Sites—CSA)	0
Dates of Expansion	1975—1 Site 1975—3 Sites 1977—3 Sites (BIA S.S.$)	1975 (Some Title 7 $) 1975 Title 7—4 Sites 1977—1 Site	1977— (1 Site—CSA)	0
Average Served Daily	225	77 (estimate)	80 (estimate)	0
Number Days Serving in Week	5 days (all Sites)	5 days (all Sites)	1 day a week	0
Total Elderly/% of Elderly Not Served	7,855/98%	5,280/99%	565/98%	100%
Number of Communities with Services/ without Services	8/46	5/40	6/0 (Utah Portion Only)	0/13
Number of Communities Requesting Program	24	8	Requesting 5 days a week	4
Minority Contractor	Navajo Tribe	No (County)	No (County)	No
Federal Resources	$126,000.00 (Indian set-aside)	Not Broken Out	Not Broken Out	None
Tribal Resources (In Kind)	$375,635.00	$18,000.00 (estimate)	$9,000 (estimate)	

Prepared by David Lundberg
Navajo Aging Service
8/26/77

EXACT COPY

THE NAVAJO NATION
WINDOW ROCK, ARIZONA 86515

PETER MacDONALD
Chairman, Navajo Tribal Council

WILSON C. SKEET
Vice Chairman, Navajo Tribal Council

November 07, 1977

MEMORANDUM

TO : Dave Lundberg, Department on Aging

FROM : Barbara Carr, Health Planning & Resource Development

SUBJECT: Arizona State Aging Plan—FY 1978

Breakdown of reservation funding by tribes. Per capita allocations—Title III

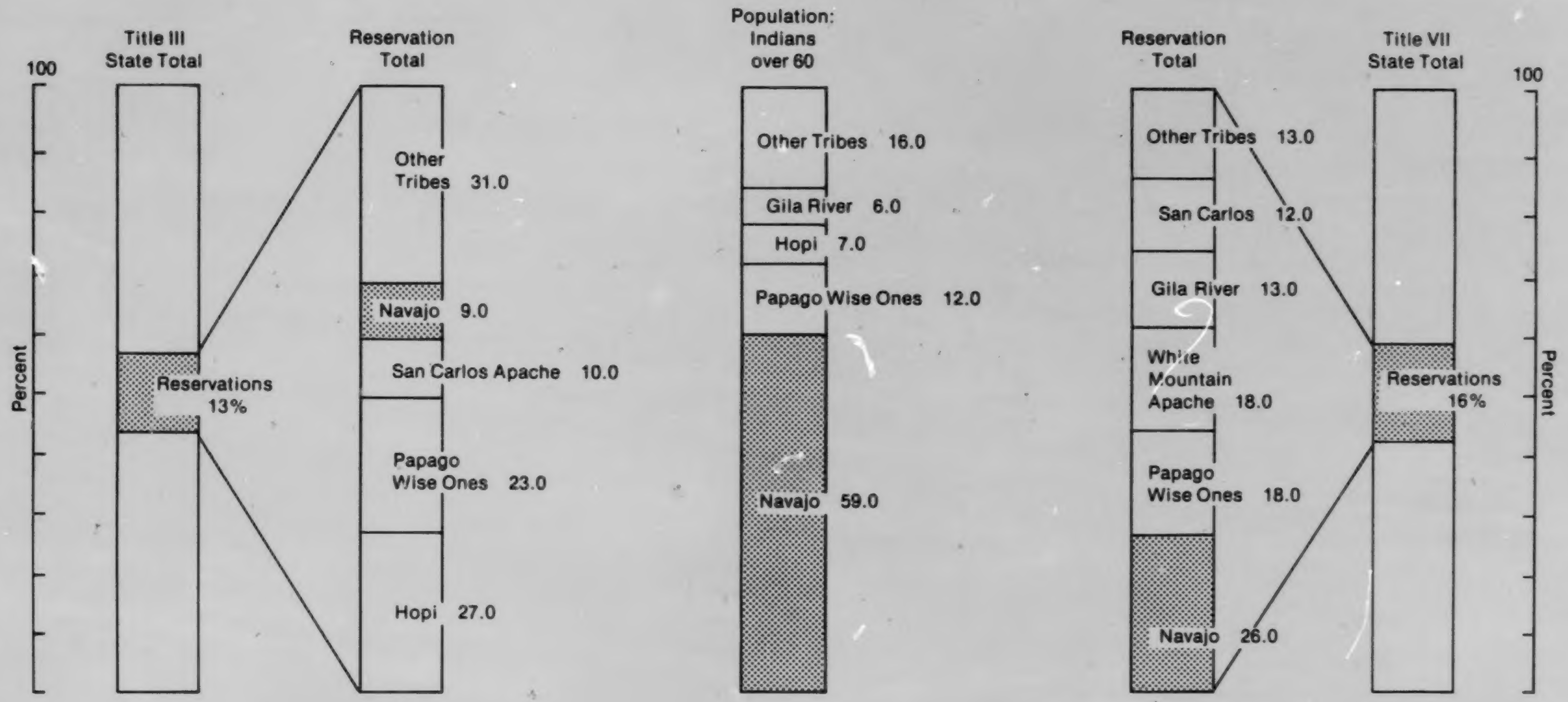
Tribe	Allocation	per capita	population over 60
Navajo	$22,086	$ 2.81	7,855
Papago	56,862	35.10	1,620
San Carlos Apache	24,864	45.46	547
Hopi	65,973	72.18	914

Per capita allocation—Title VII

Tribe	Allocation	per capita	population over 60
Navajo	126,000	16.04	7,855
Gila River	59,500	79.33	750
White Mountain Apache	85,750	147.34	582
Papago Wise Ones	84,102	51.91	1,620
San Carlos	57,246	104.65	547

Barbara Carr
Health Planning Resource Development

Distribution of Arizona Funds For Aging
State Aging Plan FY 1978



Source: State Aging Plan for Arizona FY 1978
Title III and Title VII Funding to Indian Tribes,
Bureau on Aging 9/15/1977

Barbara Carr, M.S.
Health Planning and Resource Development
Division of Health Improvement Services
Navajo Nation

PHOENIX AREA

Apache Basket Maker

(Smithsonian Institution, National Anthropological Archives)

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Hopi Tribe Resolution
H-105-76

WHEREAS, the Hopi Indian Tribe of Arizona is an independent, self-governing body politic by reason of its aboriginal right and existance and so recognized by the Government of the United States in its relations with the said Hopi Tribe; and,

WHEREAS, in the exercise of this right of self-government the Hopi Tribe recognizes its duty to meet the special needs of its elderly citizens which include, but are not limited to, the needs in adequate housing, day care, nursing home care, adequate nutrition, education programs and access to convenient transportation; and,

WHEREAS, these needs are viewed in the context of the Hopi way of life and therefore, must incorporate the cultural values and attitudes about aging and the role of the elderly in Hopi society within the structure of the clan and kinship system; and,

WHEREAS, these cultural values and attitudes are not given equal weight or consideration in priority in determining eligibility criteria for Federal programs to benefit the elderly in the general society of the United States and as a consequence, the needs and priorities of the Hopi people are not accommodated under these circumstances which recognize standards and criteria not suited to the way in which the Hopi people envision enjoyment of life in old age; and,

WHEREAS, it is the belief and a right of the Hopi Tribe, that programs for the elderly, as well as all other tribal programs that benefit the Hopi people, are best achieved through the spirit and exercise of self-government as an incidence of its tribal sovereignty; and,

WHEREAS, the Hopi Tribe, while given opportunity to participate in behalf of its elderly under the programs of the Administration on Aging, would be placed in a position of accepting programs and entitlements less than that to which the Hopi elderly have a right, because such programs of the Administration on Aging give States an intervening authority in determining programs for the tribal elderly which is contradictory to tribal-federal relations and because such programs rely on criteria, such as population statistics, which can be detrimental to Hopi opportunity for adequate benefits.

NOW THEREFORE BE IT RESOLVED, by the Hopi Tribal Council, that they approve and support any changes in the Older Americans Act of 1965, as amended, and related Acts, which will allow direct funding under the federal government for all programs to meet the special needs of its elderly, and to implement these programs consistent with its obligations to its citizens.

CERTIFICATION

I hereby certify that the foregoing resolution was regularly adopted by the Hopi Tribal Council in accordance with Article VI, Section 1(a), of the Hopi Tribal Constitution, on the *9th* day of *September, 1976*, by a vote of *11* in favor, *0* opposed, *0* abstaining, with the Vice-Chairman not voting after full and free discussion on its merits.

/s/ Alvin Dashee
Alvin Dashee, Vice-Chairman
Hopi Tribal Council

ATTEST:

/s/ Leona J. Natseway
Leona J. Natseway, Secretary
Hopi Tribal Council

This Resolution was submitted by the Hopi Delegation to the National Indian Conference on Aging, adopted in plenary session at the Conference, and later ratified by formal vote of the Hopi Tribal Council. *Ed.*

Hopi

(Smithsonian Institution, National Anthropological Archives)

EXACT COPY

San Carlos Apache Tribe
San Carlos, Arizona
June 17, 1976

RESOLUTION:

WHEREAS, the delegates from the San Carlos Apache Tribe wish to avail themselves of the opportunity extended by officials of the National Indian Conference on Aging in expressing tribal needs and recommendations; and

WHEREAS, the San Carlos Apache Tribe has long recognized the inadequacies and critical shortages of funds and facilities in trying to meet the overwhelming needs of its own elderly people.

NOW THEREFORE BE IT RESOLVED, that the following recommendations be submitted as a part of the record of the NATIONAL INDIAN CONFERENCE ON AGING in the hope that these tribal appeals will be forwarded to all representatives of the Federal government responsible for meeting these needs:

1. In responding to the lack of sufficient transportation for our elders, we request additional funds from the Federal government for buses and vehicles to meet the needs of our Apache aging people;
2. In our attempts to strengthen the emotional needs of our elderly, most of whom live in isolation and economic deprivation far removed from the benefits of family integration and Apache communal living, we strongly recommend that at least two nursing homes be built on the San Carlos Apache Reservation through Federal programs involved and urge the support for more social, cultural, and recreational activities;
3. In providing for adequate living conditions for our elderly and in order to meet the minimum standards of living common to all American people, we demand that added Federal dollars, staff, facilities and equipment be provided for not less than five years for: a) improved personal hygiene; b) additional number of hot meals; c) expanded day care and homemaker services; d) increased home construction, and repair and maintenance services; e) sufficient water, electricity, gas and sanitation for Apache elderly homes; f) adequate eye, dental and medical care; g) added emergency services on a 24-hour basis and h) community education to help understand the unique needs of the elderly Apaches.
4. In our continuous effort to seek needed help for the Apache aged on our reservation, we ask that whenever possible, our Tribe be informed immediately about the various Federal and State programs (such as the "Green Thumb" program), as they become available and which may be of benefit to our elderly people;
5. In advocating for less and less red-tape by the various agencies involved, we request that more and more consideration be given to the elderly by giving the benefit of doubts to the aged by administrators of these agencies, rather than carry out Federal regulations in a stringent manner to the detriment of our elderly people, such as in setting eligibility standards, in weighing elderly income factors, in the use of "scare" tactics in the form of letters repeatedly sent to our elders, in determining criteria for buying food stamps, and in providing for minimum nutritional needs wherever surplus commodities are received by the elderly.
6. In pursuing the grave need for maintaining the sovereignty of our Apache Tribe which includes the sovereignty of our elderly, we strongly urge the support for the recognition of all tribal sovereignties wherever Federal and State programs for the elderly are involved.
7. In addition to the above recommendations we support the applicable concerns expressed by Indian delegates to the 1971 White House Conference on Aging and request that officials of this Conference be authorized to follow-up on measures to incorporate the 1971 Indian elderly concerns in all current Federal programs.
8. We further appeal to delegates of this Indian Conference on Indian aging that in carrying out all of our recommendations, we ask for the complete revision of proposed amendments to the Older Americans Act which will allow State governments to handle Elderly Indian programs, and in its place, we recommend that wording be included which would provide for direct funding to the various Indian tribes.

/s/Buck Kitcheyan

Buck Kitcheyan
Tribal Chairman
SAN CARLOS APACHE TRIBE

SAN CARLOS APACHE TRIBE
SAN CARLOS, ARIZONA

Center for Senior Citizens

Older Adult Center had a very active year in 1976. We are looking forward to another excellent more active year in 1977.

In March several ladies took a trip to Arizona Central College, Casa Grande to attend a Bazaar and Fair for Senior Citizen. They took their Arts and Crafts to sell, also popover and beans.

In April 37 Senior Citizens from Adult Center in Phoenix visited our center. This same group came to visit us 3 times. Usually we collect Arts and Craft for sale that day. They have taken trips to Coolidge Dam and Peridot Jewelry shop at Skill Center after their lunch here. We really enjoy their visits, Headstart Crown Dancer are their most interests.

In June, two bus load of Senior Citizen from here took a trip to Whiteriver, where they had their lunch at Senior Citizen Center, from there they went on to Hawley Lake. This was a site seeing trip. It was enjoyed by everyone.

In July another group of Senior Citizens took a trip to Tucson. The first stop was at Desert Museum outside of Tucson, where everybody had a grand time looking at animals. Then we went on to one of the Nutritional sites for Senior Citizens and we had lunch there. We visited the Arizona State Museum, where the ladies sold their Arts and Crafts. They had supper at another place and we came back home.

All through the year different classes were offered to Senior Citizen under the program called "Six Demension for People over 60" through Gila Pueblo College in Globe. Lanny Ellison is the Coordinator. The classes offered were Ceramics, Beadwork, Basketweaving, Leathercraft, Knitting Crocket, film showing the old Legends. During the first semester all classes were successful-several elderlies attended classes daily, but they were only people who are living in areas close by. It could have been a lot better if more people were brought to classes from Peridot, Seven Mile Wash and Gilson Wash, but we had difficult time with transportations.

The Blind Group also had their classes of leathercraft under Home Industries from Phoenix. Several Key holders, bill folds, and ladies purse were made by them, which were sold by the same people so they could earn a little beside their monthly income. Here is another situation with transportation problems. We couldn't bring all the blind people together. This is what Mr. Morris K. Udall wrote - America's Elderly, The Forgotten Minority, Neglect of the Aging in our Transportation System. Although it might be argued that we ignore people in general in our Transportation system, it certainly is true that we have totally and cruelly ignored the needs of the elderly when it comes to transportation. Our entire transportation system - if we can call it a "system" - accommodate and provide the needs of automobile highway and parking lots, but not for the needs of peoples conveniences, economy and shorter distance to walk. It offers little, very little, to the aged person who simply needs transportation assistance in getting from his home to the grocery store, to town, to visit their friends. Many elderly, particularly the older elderly, that cannot drive or cannot afford an automobile on their severly limited incomes, nor do they need the great personal mobility a car provides. They must rely upon some form of public transportation. We must begin to build the subways, the railroads, and the public transportation networks that are necessary to accommodate our general needs as well as those of the elderly. This is essential if we are going to reduce the serious isolation problem of older Americans and to give them a measure of independence rather than having to rely always upon someone else to ask a special favor of others to get where they want to go. For whatever reasons our own fear of aging or just a lack of understanding we have failed to embrace and include the elderly in our daily living. We ignore them, we shove them aside, we make jokes about them on television. We need to reach out and bring them back into the system, into society's mainstream. We need to develop the concept of a non-economic work force, in every community there is useful work needing to be done which is not compensated through the operations of the economic system. Work with voluntary organization such as day care centers, the inspiration and guidance of children and youth, and monitoring of actions of public agencies and business, the support and development of the arts and the cultural life of the community, are all examples of important work which someone must do. We must focus our inventiveness on the problem of designing a system which will give older citizens access to such community roles, encourage them to take them on, and reward their efforts with well-deserved recognition of their value to society. We must also expand educational opportunities, to enable people who have left the work force to pursue new intellectual interests and to develop the talents which may have in these areas. We must also recognize the great contribution older people can make to all of us the living embodiment of our past. If we can share the experiences they have lived through, and the perspective which these experience have given them on contemporary times it will enrich our lives and our appreciation for our heritage and enhance the wisdom with which we confront the future. If we are to stop treating old people like another class of disposable objects which go the way of all things in our throwaway society, then our public policies and social attitudes must change they must reflect the knowledge that aging is a normal part of the life cycle not necessarily to be dreaded, that those who have reached advanced age need and merit operial attention from the society and that given this attention, the contribution of the aged to society can enhance the quality and civility of life for us all. Those changes will come when we realize that older Americans are not just 10 percent of our population, but that old age is a date which awaits us all.

RECOMMENDATION

From: Lila Lomavitu
Senior Citizen Director

I am a director for the Senior Citizen Program on the Colorado River Indian Reservation in Parker, Arizona. I represent the four tribes. I am a Chemehuevi; the other three tribes are Mohave, Hopi, Navajo.

What we need on our reservation is a nursing home for the elderly. Many times our elders have died away from home, they are sent away from home because of their illness. They cannot be taken care of at home or can't stay at the P.H.S. hospital with the illness they have.

I am recommending a nursing home for the Colorado River Indian Reservation through direct funding to the tribes.

Submitted by Lila L. Lomavitu
at the National Indian Conference on Aging
Phoenix, Arizona — June 15-17, 1976

Arlene Naquayouma (Papago-Pima from Arizona), Member, National Indian Council on Aging

Presentation by the Papago Delegation at The National Indian Conference on Aging

Phoenix, Arizona

June 17, 1976

The Papago Tribe would like to express its concern and interest in the plight of the American Indian elderly. The Tribe has long pursued direct funding for the Indian Programs. In 1975 the Papago Tribe did extensive lobbying to amend the Older Americans' Act. Very little support was obtained from the some 250 tribes across the country.

Testimonies before the Senate were done by the Papago Tribe along with N.C.A.I., U.S.E.T., (United South Eastern Tribes). Letters of support were received from I.T.C. (Inter-Tribal Council of Arizona) and the National Indian Health Board. We spent many hours notifying tribes encouraging support and testimony, what happened to all the tribes then? Now here we are asking for direct funding one year too late. However, we did succeed in getting Indian language into the Regulations. These regulations are being reviewed and commented on at this time. We are concerned that many tribes have not even looked at/or read the regulations.

We are seeing many loop holes in the regulations already. Here are some examples of issues that this conference should be addressing itself to. Let me cite some of the loop holes we see in the regulations.

1. The regulations require States to provide equivalent benefits to tribes, which regulations define "equivalent benefits" rather loosely. What methodology will be used to measure equivalency Tribe vs. State? Including such factors as "need", but also "population" "percentages of Indian elderly to non-Indian elderly", etc. The regulations do not say how much weight a State should give to each factor and I'm afraid the State will emphasize population factors and ignore "need" factors. Therefore, it might be a good idea for the regulations to indicate what priority should be given to each factor; either that priority be given to need factors, or at least that all factors be considered equally. As presently written, the definition is so vague that States could easily find a loop hole for continuing to underfund Indian elderly programs.

2. The regulations say that all tribes with more than 250 elderly persons *shall* be designated as Area Agencies. However, the regulations do not impose any penalty if a State does not do so. You might recommend that the State's failure to designate a Tribe as an Area Agency should constitute grounds for the Commissioner to provide direct funding to that tribe.

3. The regulations give tribes the authority to review and comment on the Indian section of State Plans. I think this should be tightened to require Indian input during the development of the plan. Review and comment after the Plan has already been written is usually a futile exercise.

4. It authorizes the Commissioner to give direct funding to the tribes when the State has failed to provide tribes with equivalent benefits. However, it does not say how the procedures for making the determinations will work; does the tribe have a right to a hearing, can it appeal, etc.

We strongly urge that tribes review and comment on these regulations to make sure that the State meets its obligation to the tribes. We do not however, say that efforts towards obtaining direct funding should stop but in the interim let us hold the State to its obligation to the Indian people. We also would like this conference to seek a documented extension on the deadline for review and comment on the regulations so as to give Tribes the opportunity for response. (Several deadlines have been cited but no one really knows what the right deadline date is.)

There has been much discussion on the formation of a national Task Force. We have the following concerns about this possible Task Force.

1. What will this Task Force be charged with?
2. Who will they be responsible to?
3. How will they be selected?
4. Will they be able to work with individual Tribes?
5. Will they be able to lobby on behalf of the Indian people?

These are a few of the concerns we have and would like to see them answered before any such Task Force is set up. This Task Force should not replace the efforts individual Tribes are working at towards obtaining direct funding.

We should like to express our thanks to Commissioner Flemming for supporting and endorsing the Tribe in its efforts to obtain direct funding. Also we wish to express that we have not given up the effort for seeking direct funding because we as the Papago Tribe will be ready to lobby once more for direct funding when the Older Americans' Act comes up for revision in five years. We hope that at this time all other tribes will be ready to do the same.

Testimony Before the Senate Subcommittee on Aging Conducting Hearings on Extension of The Older Americans Act,

April 23, 1975

PRESENTED ON BEHALF OF THE PAPAGO TRIBE OF ARIZONA
BY MRS. ALICE S. NORRIS
DIRECTOR, "THE WISE ONES"

Mr. Chairman, Distinguished Members of the Committee: My name is Alice Norris. I am a Papago Indian and am here today as an official representative of the Papago Tribe of Arizona. On behalf of the Tribe, I hereby submit this testimony for your consideration and for the record.

The Papago people, like all other Indian Tribes, have always recognized the importance of the elderly in their culture. To us, they are "the wise ones", for they are vital and essential in the Papago tradition and way of life. Their life style has reflected centuries of wisdom, but also exposure to a harsh environment and a life span that may be cut short or made harsher by chronic illnesses.

With an area larger than the State of Connecticut and a population of more than 10,000 people residing in 72 widely scattered villages, the Papago Indian Reservation covers a major portion of South Central Arizona. We are desert people. Like other Tribes, developing programs for services for the elderly presents problems not covered in "the guidelines".

This is further complicated by funding through the State, whose agencies may or may not recognize what program development on a reservation means, and which may have a very limited knowledge or experience with Tribal groups or American Indians.

Distances, communication, isolation, road conditions, housing, inaccessible or limited resources all present major problems to the development of effective services. Some people do not have electricity and the majority do not have running water. Water must frequently be hauled to the home, wood must be gathered, hauled and then chopped before a cooking fire can even be started. Anglos call this an outing, but it is everyday living for Indians. These conditions make it difficult to survive for someone who is not able bodied, especially those confronted with the poor health and disabilities which are so much a part of growing old.

Within the last few years the Federal government has directed special efforts to identifying the needs of older people, and developing services to respond to these needs. The highlight of this activity was the 1971 White House Conference on Aging. Representatives of communities throughout the country gathered to develop some national policies with regard to the provision of services to older people.

Many Indian people were represented at this conference and several important recommendations concerning our Indian elders were made. Yes, made, put on paper, filed and then forgotten. That is why I am here before you today.

There are two points I would like to emphasize. First, we strongly support the concept of a direct set-aside to Indian Tribes as proposed in the House bill, H.R. 3922. This approach is the only way we can both preserve our historical rights and provide the quality and quantity of services our elderly desperately need. Secondly, we believe the funding formula provided by the House bill to be grossly inadequate. It provides us with an empty package and must be replaced with a formula which is fair, which will give us the funds we need to meet our unique needs and which will compensate for the past years of deprivation under the Older Americans Act.

Historically, Indian Tribes have enjoyed a unique legal relationship with the Federal government. As provided in the U.S. Constitution, laws, and treaties, we have always dealt directly with the Federal government without the States as an intermediary. The present Federal Indian policy of self-determination adopted by this Congress in the Indian Self-Determination Act, reinforces this Federal relationship. Its goal is to assist the Tribes in developing as units of government that provide services directly to our own people.

Indian self-determination cannot be carried out, however, when the money and, therefore, the control over programs is given to the State. The States have rarely had the capability or desire to provide adequate services to Indian people, and almost never offer services that respond to our unique cultural needs and values. The Older Americans Act is a perfect example. The regulations for the Act tried, in a number of ways, to force States to focus on tribal needs and to provide services to the Indian elderly. But the States have almost completely ignored these regulations. As a result, since the Act was adopted over a billion dollars has been spent on the elderly, yet only about $1,000,000 has gone to Indians—$100,000 a year to meet all the elderly needs of over 200 Tribes throughout the country. States have just not been willing to allocate their Federal elderly funds to Indian Tribes. The Papago Tribe has spent 2 long frustrating years unsuccessfully seeking elderly funds from the State of Arizona.

This is a sad commentary on the still prevailing attitude and policy of the Federal government towards true Indian self-determination. Indeed, even where States are inclined to fund Indian programs, the States do not have the expertise, staff, knowledge or experience to manage or deal with Indian Tribes and the multiple problems of their elderly populations.

This brings us to the second reason for the set-aside. Indian Tribes have unique cultures, values and needs. We are fortunate that we have our own Tribal governments that provide a wide variety of services to us. They are the only ones who can attempt to provide services that are responsive to our cultural needs and values. This has been recognized by Congress in its legislation to strengthen the Tribal governments. The need for culturally responsive programs is even greater for elders. More than anyone else in our Tribes they speak our native languages, follow our traditional religion and practice our traditional customs. The elderly programs administered from Tucson or Phoenix just cannot cope with, much less meet the needs of our elderly population. The programs must be conceived and developed by the Tribes themselves. Our experience has shown us that the only way Tribes can get funds and provide services that meet our unique needs is through a direct Federal set-aside to the Tribes.

The idea of a special Indian set-aside is not new, but has begun to become the rule in recent Federal legislation. Direct Indian set-asides have been provided in such major pieces of legislations as Revenue Sharing, The Comprehensive Employment and Training Act, housing legislation and many others. The White House Conference on Aging also strongly supported a direct set-aside for Indian Tribes in the Older Americans Act.

The Administration has supported this kind of approach with its words, but unfortunately not with its actions. Secretary Weinberger, in a letter to the Honorable John Rhodes printed in the Congressional Record, asked that this set-aside provision be deleted and that the Congress rely upon existing enforcement authority to ensure that Indians receive their proper share of services under the Act. This statement presents quite a contrast to Secretary Weinberger's speech in October of 1973, given before the National Congress of American Indians, where he said: "Total federal funding for Indian Affairs has substantially increased. But more important is the fact that Indians are being given more control over how that money will be spent. It is increasingly being put in the hands of Tribal governments and other Indian organization. This is true with economic development funds as it is true with HEW programs and money." End of quote. Indians have long memories.

The second major point I want to address today deals with the formula set out in H.R. 3922 for the allocation of funding. The allocation proposed by the House bill, unfortunately is too restrictive and limiting for it sets funding on a formula based on the number of elderly Indians, rather than their need. Were this to be used, the total amount Tribes would receive under Title III would be $166,000. This amount would not begin to scratch the surface if Tribes are to be given the chance to develop and operate services and programs. There are a number of factors that bear this out and justify a more realistic funding formula. The majority of elderly Indians residing on reservations are: 1. extremely poor and subsist on an income that ranges between $1500 and $1900 per year. 2. The majority are supported by welfare. 3. They are completely dependent on others to provide basic services and are without transportation. 4. They live in rural, economically isolated areas where basic services are expensive and resources nonexistent or inaccessible and scarce. 5. They are not employable. (The current unemployment rate on Papago is about 40%; compare this to the national rate.) 6. Most older Indians do not receive Social Security pensions or other retirement benefits. 7. Costs of operating and maintaining programs on the reservations are high because we are dealing with small communities whose population is scattered over a wide geographical area. The cost of living, food, fuel, transportation, is exorbitant for those of us who have a job, and much more so for our elderly who manage on such a limited income. 8. For the past decade, Tribes have not realized the benefits intended by the Act and, therefore, will need to begin at the ground level in planning, developing and initiating comprehensive services for our elders.

The House Bill furthermore provides direct funding under only two Titles—Title III, Section 303, and Title IX. Title III mainly provides grants for planning and development. The model projects are under this Title and funding is not as stable under this authority as it would be under new Title VIII. This Title, for which Tribes are not given direct funding, establishes national priorities, is a more permanent funding source and provides many of the needed services on an ongoing basis, such as homemaker and other home services; legal counseling services which includes money to train lawyers or lay counselors, money for conversion and renovation of housing for the elderly and mortgage interest reduction payments as well as mortgage insurance, and money for setting up or expanding transportation services. Title IX, for which tribes will receive direct funding, is primarily intended to provide employment opportunities for those 55 years of age and over. With the extremely high unemployment rate on reservations, we cannot even provide employment for our able bodied with families to support, much less for people 55 and over, who, if they have survived the chronic illnesses of the aged, would not be able to work even if there were jobs.

In conclusion, if Congress is to be realistic, funding for Tribes must be direct, as we have the ability and are best equipped to manage our own programs. Funding must also be provided under all Titles, and it must be sufficient. A percentage must be set aside from off the top. For the past ten years, since this Act was passed, Indian people have been left out and reservation programs have not gotten funded. In fact most of the funding for Tribes was not allocated until 1974, and most of the funds were for model grants or small feeding programs. Now, with the best of intentions on the part of the House Committee, we are still being offered only a fraction of what is needed.

We believe that Congress really would like to make a meaningful commitment to Older American Programs on Indian reservations and in Indian communities. As now written, the legislation before you would not do that job. We ask, therefore, that the bill be amended along the lines of the attached amendment, which would cover the points raised in this statement.

The Old Ones

And now let us think of the Old Ones.
It is they who are our true teachers.
Those who have kept the wisdom
accumulated over centuries will
help in these troubled times. They
speak our true language, and it is
our instruction that when they speak,
we should listen.

Thank you gentlemen of the Committee for listening to me.

PROPOSED INDIAN AMENDMENTS TO H.R. 3922

(1) On page 32, line 20, insert a new section 103 as follows:

Sec. 103. (a) The Act, as amended by sections 101 and 102, is further amended by adding at the end thereof the following new title:

"Title X—Indian Programs for Older Americans

"Purpose

"Sec. 1001. The purpose of this title, in accordance with the announced policy of the Federal Government to foster and encourage self-determination for American Indians, and in recognition of the unique problems and needs encountered in providing services to Older Americans on Indian reservations and in Indian communities, is to establish a mechanism for the approval and funding of Indian programs for Older Americans through the Administration on Aging directly to Indian tribes and Indian organizations for all purposes under this Act.

"Definitions

"Sec. 1002. For the purposes of this title, the term—

(a) 'Indian Tribe' means any Indian Tribe, band, nation or other organized group or community, including any Alaska Native village corporation as defined in or established pursuant to the Alaska Native Claims Settlement Act (85 Stat. 688), or any combination of such entities, which is recognized as eligible for the special programs and services provided by the United States for Indians because of their status as Indians.

(b) 'Indian organization' means any incorporated organization or combination of organizations dedicated to furthering the welfare and progress of the off-reservation Indian people, which serves a constituency of at least 1000 such Indian people and whose membership is limited to Indian persons who are enrolled members of an 'Indian tribe'.

"Administration

"Sec. 1003. For purposes of administering this title, the Commissioner shall establish an Office of Indian Programs in the Administration on Aging having the authority to: (a) provide technical assistance and advice to Indian tribes and Indian organizations in the development of Older Americans programs and the submission of grant applications; (b) serve as liaison to the Commissioner for Indian tribes or Indian organizations operating or seeking to operate such programs; (c) review grant applications for the funding of Older Americans programs submitted by any Indian tribe or Indian organization, and recommend action thereon by the Commissioner; and (d) administer any contracts with or grants to Indian tribes and Indian organizations for the operation of such programs.

"Funding

"Sec. 1004.

(a) Notwithstanding any other provision of this Act to the contrary, two percent of all funds appropriated to carry out programs for the aging pursuant to any title of this Act shall be set aside and used exclusively for the Indian programs for Older Americans authorized under this title.

(b) The sums set aside under subsection (a) shall be allocated by the Commissioner for the fiscal year involved among Indian tribes and Indian organizations on the basis of need and in the light of the number and scope of grant applications submitted and approved: *Provided*, that the Commissioner, at the request of any Indian tribe or Indian organization, may permit the use of funds appropriated to carry out programs under one title of this Act for the purpose of carrying our programs under any other title.

(c) Payments pursuant to grants or contracts under this title may be made in installments, and in advance or by way of reimbursement, with necessary adjustments on account of overpayments or underpayments, as the Commissioner may determine.

"Programs

"Sec. 1005.

(a) Indian tribes and Indian organizations may plan, develop, administer and operate programs for the aging which are authorized under any title of this Act: *Provided*, that the minimum age requirement for eligible Indian participants shall be fifty-five (55) for all purposes, and *provided further* that the Federal contribution shall be one hundred percent for all programs.

(b) Nothing in this title shall affect the eligibility of any Indian tribe or Indian organization to participate in programs for the aging through State agencies pursuant to other titles of the Act."

(2) Renumber present section 103, 104 and 105 as section 104, 105 and 106, respectively.

(3) Delete section 106.

Statement before the House Select Committee on Aging
Cecil Williams, Chairman, Papago Tribe of Arizona
represented by Irene Wallace
Los Angeles, California
August 23, 1977

As Chairman of the Papago Tribe of Arizona, I am pleased to again be able to present testimony on behalf of the American Indian elderly. The Papago Tribe has been involved in attempts to amend the Older Americans Act in the past. Now that the time for renewal of the legislation is approaching we will again voice our opinions on this legislation and how it has not met the needs of our Indian elderly.

The position of the Papago Tribe of Arizona has not changed over the years. We have repeatedly urged changes in the legislation and its regulations which would allow these needed resources to reach our Indian elderly on the reservation. The needs of the Indian elderly have not changed since our first involvement with the Older Americans Act over 4 years ago and our feelings remain the same.

Through our work with the staff of the Senate and House Select Subcommittees on the Aging, we have provided information of the elderly's unique needs on our reservation. Testimony was presented before the Senate Sub-Committee on Aging in 1975 when extension of the Older Americans Act was under consideration. As a result of our testimony and the statements from the National Council of American Indians (NCAI)*, the United Southeastern Tribes (U.S.E.T.), and with supporting statements from the Inter-Tribal Council of Arizona and the National Indian Health Board, we were able to have some Indian language added to the amended Older Americans Act. Although these additions were far short of our consistent positions it was gratifying to sense the Congress listening to our voices on behalf of the Indian elderly.

Through the National Indian Council of the Aged, a group of which I am a member, we have continued to develop Indian positions on the needs of our elderly and how present legislation does not respond effective to those problems. A conference held in June of 1976 brought Indians from all over the country together to share our ideas. The resulting conclusions have been presented to the Congress already and will be included again in our testimony and documentation before this committee today.

Our voice has been consistent over the 4 years. We will share with you again our feelings.

The Papago people, like all other Indian Tribes, maintain a deep respect and responsibility to our elderly. Our culture has always recognized how important our elders are to us as a peoples. On Papago land, this special role of the elderly is exemplified by the name of our elderly program—"The Wise Ones." They are vital and essential elements in Papago tradition and way of life. It is they that have a life style which reflects the wisdom of ages and how a people can survive by living in harmony with their environment. In our home, the Papagueria, this environment can sometimes be a harsh and painful one.

The Papago Reservation is an area of almost 3 million acres, equivalent to the size of the State of Connecticut, which lies in the Sonoran Desert of southern Arizona. This land has been our home for centuries. We are desert people. Our numbers now are over 10,000 Tribal members residing in 72 widely scattered villages throughout the reservation. Of these, close to 900 of our Tribal members are elderly.

The land is arid and sometimes harsh, although we have learned to live in harmony with it over the centuries. However, the occasional harshness of our home, especially in respect to that which our elderly must suffer, is compounded by conditions on the reservation which are found throughout other parts of Indian land. Great distances, poor communications, isolation, road conditions, sub-standard housing, inaccessible or limited resources all present major problems to the development of effective services.

Many of our people do not have electricity or running water-sanitary facilities. Water must frequently be hauled to the villages from great distances. Poor sanitary conditions lead to epidemics of disease which affect our elderly more acutely than others. Wood must be hauled and chopped before cooking can begin. These elements of basic survival are considered romantic only to those that need not live that way. They become even more distressing to our elderly people who are confronted with poor health and disability which are so much a part of old age.

This is the reality our elderly people must deal with everyday. The Federal government has addressed itself to the needs of elderly people throughout the country in the past 10 years with laws such as the Older Americans Act and other pieces of legislation which recognize the unique needs of the elderly. The Indian elderly's special needs—a result of the reservation environment, lack of available resources and cultural-language barriers—have still yet to be adequately addressed by the Congress.

I have come here today to actively stress three points. First, we strongly support and require direct funding for all Indian elderly services covered under the Older Americans Act. We have consistently stated this concept in testimony and position papers over the past years. This approach is the only way we can both preserve our historical rights and provide the quality and quantity of services our elderly people desperately need. Secondly, we feel the allocation figures for this legislation are grossly inadequate to meet the needs of elderly people. This is especially true for American Indian elderly, although the allocations seem insufficient to meet the needs of non-Indian elderly as well. And thirdly, we again urge that the distribution of funding for Indian programs be based on documented needs of the elderly rather than with an emphasis on per capita criteria. Only in this way can we hope to compensate for the years of deprivation under the Older Americans Act and the unique requirements of our Indian elderly.

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* Reference is to the National Congress of American Indians. *Ed.*

Historically, Indian Tribes have had a unique legal relationship with the Federal government. As provided in the U.S. Constitution, laws, treaties, and executive orders, we have always dealt directly with the Federal government without the States as an intermediary. The present Federal Indian Policy of self-determination, developed through the Indian Self-Determination Act, reinforces this Federal-Tribal relationship. Its goal is to assist the Tribes in developing as units of government that provide services directly to our own people.

Indian self-determination cannot be carried out, however, when the money and therefore, the control, of programs is handled by the State. The States have not demonstrated the capacity nor the desire to provide adequate services to Indian people in the past. Further, they have neither the expertise, staff knowledge or sensitivity to provide services for the Indian people which are culturally relevant and realistic on the reservation setting. As an example, the restrictive requirements for application to Title V of the Act prevent our Tribe from utilizing these funds because the community buildings in our villages cannot satisfy rigid State building codes.

We are fortunate that we do have our own Tribal governments which do understand Indian culture and needs and already provide many human services for our people through direct funding from the Federal government. The Tribal government is responsive to the people, for our Papago decision-making process is based upon the centuries-old system our people have always used to reach decisions that affect the Tribe. The Congress has recognized this role of Tribal government and has passed laws to specifically strengthen its capacity to govern.

The need for a culturally responsive program is even greater for our elders. More than anyone else in the tribe, they speak our native language, follow our traditional religion and practice our traditional customs. Elderly programs administered from Phoenix cannot begin to even understand, let alone meet the unique needs of our Indian elderly. A program that will truly be responsive to our elderly must be conceived, directed and administered by the Tribal government itself. The only way in which we can hope to do this is by direct funding through the accepted direct relationship between our Tribe and the Federal government.

The concept of direct funding for Indian programs is certainly not new. To the contrary, it has almost become the rule in recent Federal legislation affecting Indians. Direct funding and Indian set-asides have been provided in such major pieces of legislation as Revenue Sharing, the Comprehensive Employment and Training Act, housing legislation, Local Public Works and alcoholism programs. Our Tribal government and our Elderly program, "The Wise Ones", has experience in administering a program of social services directly to our people.

Congress itself recognized this concept of direct funding for Indian elderly programs when they added amendments in 1975 to the Older Americans Act which provided for the Commissioner of AoA to authorize direct funding to Indian tribes if the State was shown to be unresponsive to Indian needs or failed to provide the necessary services. In two states, Oklahoma and New Mexico, the direct funding was authorized because the State failed to develop a realistic plan. In our state, Arizona, we have the largest number of Indian Tribal groups.

Yet in Arizona, we have not been able to realize the direct funding despite the fact that the State of Arizona has not complied with their responsibility to provide adequate services for the Indian people of the State.

For over two frustrating years, the Papago Tribe attempted without success to obtain elderly funds from the State of Arizona. Finally in 1977 when the State was forced to develop a plan for allocation of elderly monies to the Indian populations, the process of application and lack of assistance from the state agency frustrated the Papagos and other Tribes in Arizona. Concerns were discussed at meetings of the InterTribal Chairman's Association of Arizona and through the Arizona Indian Council on Aging, which is headed by the Director of The Wise Ones Program, Mrs. Alice Norris. At these meetings we again realized that many tribes in Arizona were experiencing similar difficulties with the State Agency on Aging.

Our problems with the State Agency on Aging have involved such things as conflicting deadlines for application, lack of regular and appropriate technical assistance in making grant application, insufficient information to allow proper administration of our program, and an understaffed Indian liaison desk to provide the necessary connections with all Tribal groups. Further, the State has yet to develop an Indian Advisory Group as specified in Federal regulations to advise the agency on administration of State funds to Indian elderly program.

The specific problems the Papago Tribe has experienced with the State Agency on Aging have again demonstrated how more logical the route of direct funding is for programs on the reservation. The State of Arizona is specific, and all states in general that regulate services for their Indian residents are not as qualified to control the programs as the Indian people ourselves.

The second major point I would like to make concerns the level of funding for all Titles in the Older Americans Act. The allocation for Indians in the State of Arizona is equitable when compared with the total funds available for all elderly people in the State. The amount we have finally been able to obtain, however, has still only allowed us to provide limited services for about 65% of the elderly people on the Papago Reservation. The amounts available in Titles III & VII have not been enough for the Tribes to provide services. Since the Indian elderly was not able to realize funding under the Older Americans Act until 1974, a full 9 years after its passage, there is understandably a backlog of unmet needs that should be considered by the Federal government and the States in their allocation formulas.

Further, we have continually stressed that allocations should be made on the documented needs of Indian elderly rather than on a per capita basis. Population figures on elderly population from other sources, such as Indian Health Service records. The needs of the Papago elderly people are unique and should be considered more specifically than has been done in the past.

There are a number of factors which bear out this concept and justify a more realistic funding formula. The majority of the elderly living on the Papago Reservation are: 1) Extremely poor and subsist on an income that ranges from $1500 to $1900 a year. 2) The majority are supported by welfare. 3) They are completely dependent upon others for their basic needs and have no means of transportation. 4) They live in rural, economically isolated areas where even basic services are expensive and resources non-existent or inaccessible. 5) They are not employable. (The current unemployment rate on the reservation is 38%.) 6) Most older Papagos do not qualify for Social Security pensions or retirement benefits. 7) The costs of operating a program on the reservation to provide social services is extremely costly. The cost of food, gasoline, supplies is markedly higher than other rural areas in Arizona and services must be provided in small communities widely spaced through the immense area of the reservation. 8) There is a backlog of unmet needs because the Indian elderly have not realized any benefits intended in the Act for the past decade. We have been forced to begin at the ground level in planning, developing and initiating a full program for elderly.

But all these facts of our reality on the reservation are not new. Nor are the suggestions I bring to your attention today. They have been spoken of before at many forums around the country.

If Congress is to respond to the needs of elderly Indian people, funding for our program must be direct, for we have the ability and are best equipped to manage our own destinies. Funding must be sufficient to meet the documented needs of the people and it must be based upon these unique needs. Anything short of these documents to the Act will further frustrate our hopes to become truly self-determinant. The avenue of State control over our funding and our destinies is not a realistic course. We have learned that a more direct route is clearly and historically warranted.

One of the important lessons taught to Papago children by their elders in our past culture is the advice "Drink only a little water." This rule and philosophy of life is important to our survival as a desert peoples living with the Earth. We would like to be able to provide for our "Wise Ones" in their older years so that they need not postpone their thirst. We would like them to be able to drink fully so that they may continue to teach us the lessons of our People.

Cecil Williams, Chairman of the Papago Tribe, Member, National Indian Council on Aging

Testimony Prepared for the
United States Senate
Select Committee on Aging
November 12, 1977
by
Native American Senior Citizens Program
# of Phoenix

I. THE NATIVE AMERICAN SENIOR CITIZEN PROGRAM OF PHOENIX

The Native American Senior Citizens' Program of Phoenix, currently directed by Tammy Sixkiller, began in 1972. It developed from a nutrition project and a survey which demonstrated that there was a large elderly Indian population in Phoenix not receiving needed services. Since 1972, the scope of the program has expanded and now includes arts and crafts, information and referral, escort services to health and social service facilities, counseling, including telephone reassurance, advocacy, outreach and emergency support services. The programs are funded through City of Phoenix Human Resources Department, funds from the Methodist Church funneled through MEPCO—a local coordinating group, and private donations. Presently, the program uses Titles IX and VII of the Older Americans Act and Title XX Social Problem Solving funds which are administered by the City of Phoenix.

The Native American Senior Citizens Program is the only aging program in Phoenix primarily aimed at serving the needs of Native Americans. Therefore, the program serves the entire Phoenix area and has no neighborhood boundaries as other Senior Centers do. Partly due to the wide geographic area of the program, inadequate transportation, low funding levels, and administrative policies, many Senior Citizens have not been reached by the program. Since 1972, two hundred ninety-six (296) Indian people have participated in the NASC program.

Approximately 11,159 Indians lived in the Phoenix Standard Metropolitan Statistical Area (SMSA) according to the 1970 Census. The City of Phoenix Budget and Research Department, in its 1975 Community Service Centers Capitol Improvement Needs Study, estimated 14,000 urban Indian residents with an additional 5,000 to 6,000 transient reservation population. Persons working with elderly Indians estimate that the elderly Indian population in Phoenix is 1,000—2,000. Some statistics are available from the 1970 Census Subject Report on American Indians. For Phoenix SMSA, 903 Indians are 55 or older (8.1% of the Indian population). It is generally agreed that these figures are very much lower than the actual number of Indians in the area. However, even these figures demonstrate that most elderly Indians have not participated in services for the aged. Statistics from the Area Agency on Aging indicate that in FY 1977, Older Americans Act Title III social programs served less than 22% of the Indian elderly and Title VII nutrition programs served less than 7% of the same group in Phoenix. In FY 1977, Indians made up only 1.0053% of the participants in Maricopa County Title III programs and only 1.25% of the participants in City of Phoenix Title VII programs.

II. GENERAL PROBLEMS FACING URBAN INDIAN ELDERLY

The elderly Indians in the Phoenix community come from Arizona's eighteen (18) Indian reservations, from reservations throughout the country, and from other urban areas.

Most of the participants in the Phoenix Native American Senior Citizen Program live with members of an extended family and thus face many of the problems of the urban Indian community at large: substandard housing, overcrowding, lack of transportation, language barriers, and coping with health needs. In addition, the Native American Senior Citizens face additional crises, such as a radical change in their traditional role as the most honored member of the Indian family to that of the most dependent. They suffer a dependency that has been brought about because of cultural isolation. They are isolated from traditional communities where common languages and highly structured kinship systems gave the elderly a vital role in teaching the traditions among the young. The elderly are isolated from the support and direction of tribal societies. Such isolation, however, has not hampered the Native American elderly from seeking to provide invaluable cultural support to members of their extended families living in cities. But, where such members suffer high unemployment, language, and cultural barriers, as well as racial prejudice, the support takes new forms. Many of the urban Indian elderly willingly provide for the care of grandchildren, take on extensive responsibilities in caring for the home, and, on occasion, furnish all or most of the family income.

It is with this understanding that the needs of the urban elderly have the support of the entire Indian community.

III. NEEDS ASSESSMENT: "LET US BE INDIAN"

Pervading much of this testimony and recommendations is the adage, "Let us be Indian".

The existing programmatic structures provided for under the Older Americans' Act create a basic system for addressing the needs of the elderly throughout America, and for this we are grateful.

We know that the structures are designed to help us, and though they might often confuse us and take us through hours of paperwork, they show a basic concern. Therefore, we know that the program was not created to destroy. Our concern is that the program, where it involves the Native American Senior Citizen, provide cultural continuity rather than cultural disruption. Let each of the program areas reflect this.

A. Nutrition and Meal Plans

Under Title VII of the Nutrition program, encourage the utilization of Indian foods, both in providing requisite nutritional analysis and, if at all possible, in allowing the Native American Senior Citizen to prepare the foods to his/her liking. Although catering services are appreciated, all too often the food goes uneaten.

B. Transportation

The Native American Senior Citizen in the Phoenix area lives throughout the city. Language barriers inhibit the use of public transportation.

Many of the elderly, who care for grandchildren during the day, may wish occasionally to get together after their children return from work. At times when special events occur, traditional dances, etc., the senior citizen often cannot attend due to regulations, lack of transportation, lack of personnel assistance, etc.

Transportation for the Native American Senior Citizen is extremely limited, considering the fact that the program covers the entire city and makes an expansion of program activities difficult.

Dial-A-Ride and city buses do not provide adequate evening and weekend services. Weekday services suffer because of cumbersome scheduling.

C. Outreach Capability

Provide additional outreach. Not all the Native American Senior Citizens have the opportunity to join senior citizen programs. Due to inadequate staffing, the outreach capability is severely limited.

In addition, the program has only one phone for counseling and necessary business calls.

D. Meaningful Outreach

Provide outreach which recognizes the extended family. Often the Native American Senior Citizen suffers severely when unmet needs exist within the extended family; needs for employment, food, and social services.

The Native American Senior Citizens must often depend on others to advocate for their needs, complete complicated forms, translate or explain doctor's orders/prescriptions, etc.

E. Paperwork

Cut back paperwork. Paperwork, particularly where the Native American Senior Citizen programs must answer to several levels of bureaucracy, consumes precious staff time.

Additionally, many participants complete the application process with great effort. Some cannot read or write. Others, because of years of distrust, fear to give extensive information about themselves. Some come from families that have highly unstable incomes or no income and, because of pride, do not wish this to be know. Paperwork requirements should be kept at a minimum. Native American Senior Citizens are proud people, and asking for assistance is very difficult for them.

For instance, the procedure outlined for using Title XX funding from the Social Security Act, Social Problem Solving, demands a great deal of private information for certification. That requirement has caused some people to be so uncomfortable that they avoid the program.

F. Program Independence

Give us program independence. Encourage direct funding, or funding through an entity acquainted with the needs of Native American Senior Citizen programs. The Native American Senior Citizens should be able to develop programs oriented to their needs rather than being forced to accept the non-Indian program emphasis of existing structures.

Whatever form reorganization or re-structuring of Indian programs takes, they should include:

1. Sufficient independence to be able to develop links with other funding sources and expand the types of funds used by the programs.
2. Seek united efforts of reservation and urban Indian groups in addressing similar problems.
3. Develop Indian expertise in running Indian programs.

Although many people are familiar with Indian people and feel that they understand their needs, Indians must begin to be given the self-determination and the responsibility for meaningful programming for Indian populations.

Extended Care Services for the Elderly Indian: A Study of the Gila River Indian Community

by

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Mary Robinson Shoop

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ABSTRACT

Problem:

This study was designed to show the need for an extended care facility for the elderly of the Gila River Indian Community. Within the past three years the Bureau of Indian Affairs and Indian Health Service have been instrumental in the placement of Gila River residents in nursing homes. These patients have had to be placed in nursing homes away from their community.

Procedure:

Data was collected from all the Gila River residents residing in nursing homes. A sample survey of residents over 60 years of age in the Gila River Community was also administered. Medical records and records from the National Institute of Arthritis and Metabolic Diseases were used in collecting pertinent health data. A comparison between the patients in the only nursing home on the reservation and patients in non-Indian nursing homes was conducted.

Findings:

The findings revealed that the elderly Gila River residents prefer to remain in their own community. The location of an extended care facility seemed to be a greater factor than the type of care received. The patients favored the American Indian Nursing Home on the reservation over the non-Indian nursing homes in the Phoenix vicinity. The patients felt less anxiety and more comfort in an environment with which they were familiar.

Implications:

It appears that the Gila River residents are in favor of having a nursing home in their community. A local nursing home would give the patients various benefits such as: familiar surroundings close to family and friends, medical care from Indian Health Service, and a number of other supportive services from the local community agencies.

The above features and characteristics were seen as critical with respect to extended care services for the elderly Indian, and as having implications for nursing services to other populations as well.

CHAPTER I

THE RESEARCH PROBLEM AND METHOD OF STUDY

This study was designed primarily to explore the need for extended care facilities for elderly people on the Gila River Indian Reservation. In addition, the study was an attempt to identify what should be the specific form and nature of such extended care services. Medical and health care facilities on the reservation are not geared at present to providing long term extended convalescent care to the elderly. Existing services are designed for short term physical and medical care, with off reservation resources being used extensively when extended care is needed.

Services provided include general medical and post-surgical in-patient care, minor surgery, uncomplicated obstetrics and gynecology, pediatrics, and minor orthopedics.[1] Complicated and surgical cases are referred to the Phoenix Indian Medical Center or contract care facilities in Phoenix.

The only extended care service at Sacaton hospital is post-operative service for patients who are returned to the reservation for convalescence. At the present time there is only one extended care facility on the reservation, the American Indian Nursing Home, which is located on the west end of the reservation at Maricopa Colony. This facility is operated by a private organization. It provides skilled and custodial care to residents of Indian Communities throughout the American Indian population. Because of the large clientele from which it draws, this facility maintains 100% occupancy and has a long waiting list. Waits of three months or more are not uncommon for patients requiring nursing home services. It has been estimated that over 100 residents of the reservation would benefit from the proposed extended care facility [4].

Included in this group are the debilitated and elderly residents who are no longer able to take care of themselves. In many instances these people, suffering the consequences of such chronic diseases as diabetes and arthritis, live in substandard and often dilapidated homes without the resources for the basic necessities of life.

The Bureau of Indian Affairs, Phoenix Area Office, in the fall of 1971, reported that 69 Pima and Papago Indian patients now receiving extended care service were medically certified as needing a degree of care between that given in a hospital and in his own home [3:3].

The persons under care were placed in licensed institutions in Phoenix and Tucson. Three types of placement were used for classification of patients: skilled nursing care, custodial or intermediate care, and room and board care. The largest group, numbering 35, are receiving custodial care, the smallest group, numbering 4, require room and board type care, and the rest, numbering 30, are receiving skilled nursing care.

The need for an extended care facility on the reservation has not gone unobserved by the Indian Community. In October of 1966 the Tribal Council of the Gila River Community passed a unanimous resolution calling for an extended care facility at Sacaton [13]. The Gila River Tribal Council is now in the process of exploring the possibility of developing extended care services in the Gila River Indian Community. Some data appears timely, therefore, on needs of Indian persons now served through the nursing home program. This study is an attempt to provide such data.

Definitions of Concepts and Terms

Throughout this paper references will be made to terms that do not have common meaning. For this reason definitions are being inserted here, stating the meaning of the terms as they will be used in the body of the paper.

Extended care facility. The extended care facility is herein regarded as a health care facility assuming the duties, obligations, and responsibilities of caring for those persons requiring custodial care, or skilled nursing care away from their own homes.

Custodial care. Custodial care is sheltered living in a safe and hygenic environment for persons unable to live independently in the community. Preventative and maintenance health services are available but not necessarily on a twenty-four hour basis. The patient provides for his own self care as he is able. The patient is usually unable to return to the community.

Skilled nursing care. Skilled nursing care is continuous twenty-four hour nursing care by a qualified licensed professional, with medical and supportive treatment staff.

Extended care. Extended care is continuous twenty-four hour nursing care by qualified licensed professional, medical and supportive treatment staff. Many patients needing extended care are recovering from an acute medical condition. Nursing provided through extended care is designed to enable the patient to recover and return to regular community living.

National Institute of Health. (NIH) is an agency under the Department of Health, Education, and Welfare established by the Secretary's reorganization order of April 1, 1968. The purpose of NIH is to conduct and support research in the causes, prevention, and cure of diseases of man; administer programs to meet the nation's health manpower requirements; and to direct programs for the collection, dissemination and exchange of information in medicine and health [26:338].

Indian Health Service. Indian Health Service is an office of the Public Health Service under the Department of Health, Education, and Welfare. It was designed in 1955 to develop and direct a program of comprehensive health services for eligible American Indians and Alaska Natives and to provide hospital and medical care services and preventive health services [26:336].

American Indian. By definition of the U.S. federal government, an American Indian is anyone who is ¼ or more Indian blood. The blood quantum must be from a

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[1] The Sacaton Indian Hospital, which has 25 adult beds and 10 pediatric beds serves as the geographic and resources center for all health services on the reservation. The Sacaton Service Unit is composed of a Service Unit Director (non-physician), a hospital administrator, four physicians, twelve clinical nurses, two pharmacists, two laboratory men, a medical records librarian, a food service unit, and a maintenance service unit. The Sacaton Service Unit also has a community health service component composed of public health nursing, social service, health education, sanitation engineering, nutrition, and dental care. The community health service is directed by one designated medical officer from the physician staff.

Tribe that is recognized by the federal government, and the individual must be acknowledged and enrolled on one tribal census.

The Gila River Indian Community or Reservation. The Gila River Indian Reservation is an area of land located in South Central Arizona. It comprises the 372,002 acres lying along the now dry Gila River. Most of the reservation is desert but the lands are productive when irrigated. It lies in a crescent shape just south of the greater Phoenix area. It is bordered by the cities of Coolidge, Chandler, and Casa Grande. The reservation is inhabited primarily by Pima and Papago Indians.

Districts. A district represents a portion of the defined area of the Gila River Reservation. Each district functions in a distinct and separate manner from the others. Each district has a name and represents a vicinity wherein a number of people have gathered and formed a settlement type of living. The seven districts which comprise the reservation communities are: Blackwater, Sacaton Flats, Santan, Sacaton, Casa Blanca, Bapchule, and Maricopa Colony.

Bureau of Indian Affairs. (BIA) is an agency under the Department of the Interior of the U.S. Government. The Bureau was originally created under the Department of War in 1824, but in 1849 was transferred to its present location in the governmental structure. The Bureau consists of a central office in Washington, D.C. and area offices and subordinate field installations located throughout the country [26:228].

Indian Agency. Indian Agency is the subordinate field installation of the Bureau of Indian Affairs, and usually the headquarters for most Indian reservation functions.

Contract. That agreement between a hospital and a nursing home that the nursing home will provide services for patients referred to them by the hospital.

Method of Study

This research was designed as an exploratory study into the needs for extended care services for elderly Indians from the Gila River Indian Reservation. Specifically, the study was designed to provide data, as to:

1. The persons who are now residing in extended care facilities; What are their perceptions of the services provided? What is the nature of their disability?
2. The adequacy of present extended care services and facilities.
3. What are the health and living needs of the elderly Indians who are not residents in a nursing facility?
4. The ways in which extended care facilities may better meet the needs of the elderly Indian.

The study included data regarding 32 Gila River nursing home patients, 28 of whom were interviewed. Of the 28, a little over 50% were able to comprehend and answer specific questions. The age range of these patients ran from 60 to 84 years of age, with the majority falling in the range of 75 to 84. At the time of the data collection for this study, these patients were placed in five different nursing homes within the Phoenix vicinity.[2]

In addition, a random sample was selected of residents on the reservation, age 60 and over. The National Institute of Health records were used to secure the sample selected. The National Institute of Health has current medical records of 407 people 60 years of age and over. These records indicated that 85 were deceased since 1969 and 322 were living on the reservation. Four respondents from each of the six largest communities were selected from this sample. This method produced 24 respondents.

Data Collection

A 35-item interview schedule was used for acquiring data from the residents in nursing homes. The schedule was constructed so that one half of the answers could be secured from medical, social, and nursing home records. The other half was composed of attitudinal questions, where responses were secured directly from the respondent. Some questions required a combination of an interview and a review of the records.

A 20-item interview schedule was used for data collection from reservation respondents, age 60 and over. The questions pertained to attitudes individuals and families have toward nursing homes, and included data as to individual needs from nursing home care. Hospital and NIH records were used to correlate specific medical diagnoses of the people interviewed from this random sample.

The data was collected over a two-month period in the fall of 1971. Two interviewers interviewed the nursing home patients as well as the people over 60 that appeared on the random sample.

Summary

The medical delivery system on the Gila River Indian Reservation has several limitations, particularly in the field of extended care services. This study is an attempt to identify the need of the elderly Indian for extended care services and to determine what should be the nature and location of these services.

CHAPTER II

HISTORICAL BACKGROUND OF THE PIMA INDIANS

Introduction

This section of the study is devoted to a presentation of brief background material on the Pima Indian. Historical data will be introduced to provide an overview of this particular Indian Tribe, its culture and traditions. The present economic and health situation of the Pima Community can best be seen when historical events are identified along with contemporary problems and circumstances.

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[2] The American Indian Nursing Home, Maricopa Colony
Phoenix Nursing Home & Convalescent Center, Phoenix, Az.
Golden Mesa Lodge, Mesa, Arizona
Happy Happy Rest Home, Phoenix, Arizona
Dora-L-Nursing Home, Phoenix, Arizona

A Prosperous People

Pima history can be traced back to 300 B.C. to the early years of their ancestors, the Hohokams. The Hohokams were an agricultural people. Like the Hohokams, the Pimas years ago maintained a life style supported by and based on their agricultural abilities.

Early historical recordings give a rather vivid account of the Pima Indian as an agriculturalist. Father Kino, during his explorations in 1694, was one of the first settlers to observe and record observations of the flourishing Pima villages along the Gila River with their advanced agricultural economy built around complex irrigation systems [3:4:3].

Another account of the Pima's agricultural knowhow and productive abilities is reflected in the writings of Lt. Col. William H. Emory, of the Topographical Engineers, in 1846:

> We were at once impressed with the beauty, order, and disposition of the arrangements for irrigating and draining of the land. Corn, wheat, and cotton are the crops of this peaceful and intelligent race of people. The cotton has been picked and stacked for drying on the tops of sheds. The fields are subdivided, by ridges of earth, into rectangles of about 200 by 100 feet for the convenience of irrigating.

Other reports tell of the large nation of Indians surpassing many of the Christian nations in agriculture, little behind them in the useful arts, and immeasurably before them in honesty and virtue [12:18].

A. H. Jackson, the agent at Sacaton, in 1883 reports:

> The Pima's are located on either side of the Gila River, the entire length of the reservation, engaged in cultivating small patches of ground, from a decare to hectare. Their harvest just closed, has been unusually good. It is impossible to give the exact number of bushels of grain and product raised. A very careful estimate has been made by villages, and the result is, wheat, 1,263,245 pounds, corn, 15,696 bushels, barley, 10,709 bushels, and 9,126 bushels of beans. The wheat raised by the Indians is of excellent quality, and nothing raised by white settlers can be favorably compared with it.

Patrick Hamilton, in his *Resources of Arizona*, printed in 1884, remarked about the Pima people:

> Their wheat crop will average about 2,000,000 pounds a year. It is much superior to that of their white neighbors on the Salt, both in cleanliness and quality, makes a better article of flour, and commands a higher price.

Signs of Disaster

The beginning of the latter half of the nineteenth century saw the Pima culture and economy at its height with an agricultural surplus being produced sufficient to supply immigrant settlers and numerous army contingents.

In his report to the Secretary of the Interior as Governor of Arizona Territory in 1878, Fremont stated:

> The Pimas are the most interesting of all the Indians. They own a very fertile valley on the Gila and are well supplied with money and arms. They have probably, this year, earned some $30,000 by farm products and crude manufactures.

The apparent cooperation between the settlers and the Pimas was, at the time, strained despite the fact that all appeared to be economically sound. For in his report to the Secretary of the Interior, Fremont cautioned:

> The Pimas and Maricopas are now in the midst of our people, who have built up to their valley, and there are already some misunderstandings growing up between them.

The misunderstandings of which Fremont spoke culminated in an economic disaster for the Pima people. That is, as the settlers' need for water increased they began channeling and detouring the water from the Gila River above the point where the Pima reservation began. The result was loss of water for the Pima, and subsequently loss of economic independence.

The suffering of the Pima people, after the water loss, is seen through the case of Wee Paps, published in the Florence, Arizona *Tribune*, in 1894:

> Wee Paps and three other Pima Indians were tried in the district court, and were sentenced to one year each in the penitentiary. It seems they had stolen some ponies and traded them for food. Wee Paps made a speech to the court which was translated by an interpreter. He said, 'Since the white men came and built the big canals and aqueducts we have no water for our crops. The government refuses to give us food and we do not ask for it, we only ask for water, for we prefer to earn our own living if we can. I am no thief, and will not beg, but my wife and children were hungry and I must either steal or they must starve. So I took the horses and traded them for grain, and the hunger of my family was satisfied. You can do with me what you will. I have spoken.'

Less than 100 years ago, the Pima people were an independent agricultural nation rendering assistance to early settlers. Today their agricultural economy no longer exists, due to the deprivation of their once inherent water source.

The Water Question

In the days of prosperity the Pimas took to their farms. They raised their own cotton and made their own clothing. They plaited reeds and made the decorated baskets known today as the work of artists. They dug clay and made jars found in today's museums all over the world. The Pimas were generous and gave food and shelter to hundreds of pioneers and soldiers. Their philosophy was one of peace.

> They made it a rule to injure no one in any way, and therefore never expected anyone to injure them [12:21].

They are an industrious and independent people, yet as exemplified by the case of Wee Paps, these proud people went, in but a few years, from an economically independent people, to a state of abject poverty, all due to a great loss of water.

In 1900 W. M. McCowne, Superintendent of the Phoenix Indian School, said:

> The Pima has been an agricultural people from time immemorial, and are notably peacable, industrious, and independent. During the last 10 years they have suffered greatly from scarcity of water. As a result, they have gradually fallen from a condition of independence and prosperity until they are practically on the verge of starvation, and are largely dependent upon Government rations for support.

Mr. McCowne's statement was strengthened by the appropriation of Congress on April 24, 1900, whereby the sum of $30,000 was allocated for the support of the Indians of the Pima Agency, but, as the words of the Indian Commissioner echoed from the past (1894), "They deserve better treatment at the hands of the Government." Before the settlement of the territory, they could take the water as needed, and the Pima never called for subsistence.

For as far back as 1872 it is recorded that the water rights of the Pima people were being denied:

> The water question is paramount to every other condition affecting the progress and well-being of the tribes belonging to the reserve. It is vital from every point of view, and the tribes remaining in the position of self maintenance in the absence of one of God's greatest gifts to man, is simply preposterous and antagonistic to every particle of common sense [12:48].

By April 24, 1903 the Acting Attorney General transmitted to the Department a copy of a letter from the United States Attorney at Tucson, Arizona, stating that from general information he was inclined to believe that he should be directing an initiation of proceedings to secure to the Pima Indians their prior water rights; the direction being to institute a suit against all users of the Gila River water above the point of diversion of the Indians. Findings of the above proceedings on June 10, 1904 are as follows:

> There are 960 persons using water from the Gila River above the point where the Pima Indians divert the water of the Gila for their lands; that there is no doubt but that the case could be taken up and prosecuted to a favorable ending, but the interests are so varied, and the water is diverted by the whites as far as 200 miles above the Indians' point of diversion, that should a favorable decree be given by the court it would be impossible for the court to enforce its decree [12:51].

The lawsuit was not initiated, however, in its place an appropriation was granted to pay expenses of a board of Army Engineers whose report showed that it was entirely practical and feasible to build a dam along the Salt River which could be used to provide water for the Gila River Reservation [12:57, 58]. As a result of the report, the Coolidge dam was constructed in 1926 as part of a larger plan to restore water to the Gila River Reservation [14:5:3]. Because of the inclusion of non-Indian lands in the project, however, there has never been enough water for the Indian lands.

The Pima Today

The loss of water was an extremely important event in the history of the Gila River Indian people. The effects of the loss are largely responsible for social problems today. The loss of water caused bitterness and suspicion to develop from the Pima people toward the non-Indians, when the Pima realized the plight of his situation. With loss of water, the communal tending of canals was no longer needed. The importance of the community and extended family lessened, causing disorganization of the Pima's life style and cultural structure.

The original Pima family life centered around a patriarch, usually a grandfather, who guided the lives of his children and their children. Such a closely knit group of families tended the communal fields and participated in communal family living, the children being equally accepted by aunts and uncles. Such a life style is no longer possible today.

Summary

Because of forced social change placed on the Gila River Indians, multiple economic and social forces have brought about changes in the very fiber of the culture. Family control and discipline has weakened, and the land base is disorganized. The traditional social ways are difficult to retain, at the same time it is equally difficult to fully accept a forced different life pattern. Thus, the impact of this forced change has brought about massive social, economic, and health problems to most American Indians, including the Pimas and Papagos on the Gila River Indian Reservation.

CHAPTER III

CONCEPTS AND PROBLEMS OF NURSING CARE

Introduction

This chapter will be devoted to a general review of the literature with respect to the services of nursing home facilities. Studies reporting the effect institutionalization has on the elderly will also be included. The various types of health care programs now in effect for Indian people will be discussed.

Care for the Elderly

Increased demand for medical care for the nation's elderly has resulted in a search for better methods of providing health care for the aged. Programs being implemented are in the area of home health services, personal care homes, nursing homes, boarding care service, and extended care facilities, which may include both skilled nursing services, custodial care and extended care treatment [37:1].

The demand for better treatment for the aged has led to the adoption of the medicare and medicaid measures. With the enactment of Public Law 69-97, the Medicare Act, it became possible, beginning January 1, 1967, for more persons aged 65 or older to take advantage of health care facilities such as is provided through nursing homes. According to the Medicare Act, persons aged 65 or older can receive up to 100 days of post-hospital care after a spell of illness; and as has been documented, it is the nursing homes that usually provide such service [31:1].

Skilled and Custodial Nursing Care

The need for skilled nursing care and custodial care are today considered the primary methods for providing health care for the nation's elderly outside the hospital setting. However, many are including custodial care along with skilled nursing care in saying that both types of care must include the combined creative efforts of the physicians and the nurse in planning a total treatment program for the aged, and that such programs would best be served under the facilities and direction of an extended care facility [36:940].

The controlling factor in determining whether a person is receiving custodial care is the level of care and medical supervision the patient requires. Considerations such as diagnosis, type of condition of degree of functional limitation are not determinants of the need for skilled nursing and other related professional services for the patient in his needs of daily living.

According to the Social Security Administration:

> If the primary purpose of the total care provided an individual is to assist him in meeting the activities of daily living, the custodial care exclusion applies and no payment can be made under the program for any of the care furnished him. However, if the skilled services furnished the patient are the primary purpose of the total care provided, the custodial care exclusion does not apply and payment may be made for services rendered under the program [35:941-943].

For non-covered care or custodial care, examples offered by the Social Security Administration are:

1. The ambulatory stroke patient who has no bladder or bowel involvement, no serious associated or secondary illnesses, and does not require medical or paramedical care, but requires only the assistance of an aide for feeding, dressing and bathing.
2. The cardiac patient who is stable and compensated with reasonable cardiac reserve and no associated illnesses, but who because of advanced age, has difficulty in managing alone in his home and requires assistance in meeting the activities of daily living.
3. The senile patient who has diabetes which remains stabilized as long as someone sees to it that the patient takes his oral medication and sticks to a prescribed diet.[3]

Dr. Miller supports the idea that custodial care treatment for the aged does or should require the same skilled professional services as does skilled nursing care, and that both methods of care should be combined and administered in one facility, the extended care nursing home [35:137].[4]

Institutionalization of the Elderly

Institutionalization of the aged often results in early death, fears of loss and rejection, and feelings of dependency. According to Lieberman's study on institutionalization of the aged, aged persons residing in a variety of institutional settings are psychologically worse off and likely to die sooner than aged persons living in the community [34:331].[5]

Friedman (1961), in his study of reactions to disaster, showed that events which markedly changed living patterns created profound psychological distress and were particularly destructive for the aged. However, Goldfarb (1966), and Donhue (1965), have suggested that under certain conditions, which at this time are mostly unknown, some individuals entering or being relocated from one institution to another experienced positive ego-enhancing effects. Goldfarb (1966) has suggested that cognitive intactness is associated with improvement under relocation. Montgomery (1965), studying the rural aged, found a consistent desire for the elderly to remain in the residence and equated this with highly valued independence. Shanas (1961) found aged adults associated moving with loss of independence, prelude to death and a rejection by their children. Lieberman and Lakin (1963) found that the aged in their awaiting institutionalization attached symbols of fear, rejection, and dread to the event.

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[3] How the Social Security Administration could make a decision that such a patient does not qualify for skilled nursing care is not understandable in the opinion of other authorities who would view a diabetic patient with organic brain disease as a severely handicapped person. A patient with organic brain disease and its related bizarre symptomatology requires every skill of a trained nurse, physician and other ancillary professionals in providing a meaningful environment for continued living. Relegating this patient's management to an untrained aide and entrusting untrained, unskilled personnel with supervision of the diabetes and with providing a meaningful milieu, is nothing less than a travesty. (Miller, Michael B. "Phasing Out Medicare: Changing Definitions of Skilled Nursing Care and Custodial Care." *Journal of American Geriatrics Society*, Vol. 18, No. 12, 1970)

[4] In his defense of the aged, Dr. Miller says that the Social Security Administration either overlooks or denies that geriatric pathology is often progressive, except when related to non-pathological fractures of bones. Maintenance care to prevent further deterioration of function and deformity is an approved and highly desirable objective of treatment. The realization of such an objective requires the most skilled coordination of the multidisciplinary rehabilitation team of professional services.

[5] Blenker (1967), Goldfarb, Shahinian & Truner (1966), Jasnau (1967), Lieberman (1961), showed that changing the environment of the person sharply increased their death rate.

In the report or study by Lee Gurel and others on *Patients In Nursing Homes, Multidisciplinary Characteristics and Outcomes*, it was found that of the 142 patients who died within six months of placement, half had expired within 38 days. This pattern of a higher initial death rate followed by a gradual tapering off parallels in principle Blenkner's observation that half of the 50% to 60% who die within the first year of institutional placement do so in the first three months [32:76].

To what extent change is disruptive and destructive depends upon the relationship between the characteristics of the home and institutional environment, a question that is currently being investigated [34:334].

The larger the difference between old and new situations, the greater the possibility that the aged individual will need to develop adaptive responses often beyond his capacity. In this light, the effect of an institution can be viewed less as a product of its quality or characteristics than of the degree to which it forces the person to make new adaptive responses or employ adaptive responses from the previous environment. It is possible that some of the current trends aimed at de-institutionalizing institutions, making them more open to the outside community, less congregant, are effective because they permit the use of prior adaptive responses. For most elderly, the degree of adaptation required when being placed in a nursing home becomes extremely psychologically distressing. They must adjust to the difference associated with institutionalization; however, the difference between home life style and the nursing home may be so great that the patient can cope only with extreme difficulty. With the aged Indian, the language barrier is additionally difficult.

Health Care Programs for Indian People

Genuine participation by Indians has been lacking in many health programs. Indian people have been involved in the implementation of health programs but seldom are allowed to participate or share in the making of decisions concerning the development of programs developed through the Indian Public Health System. Decisions concerning the health needs of the Indian people are made by the staff of the Indian Health Service. Health care is provided in the form of clinical and field services developed to satisfy priorities established by the health staff. Indian involvement is primarily limited to the approving of decisions already made by the Indian Health Service staff [16:1].

Recent attempts by the Indian Community to get more involved in the health field has resulted in the development of such programs as the Health Aide Program, The Health Liaison Program, The Community Liaison Program, and the Community Development Program [16:2-4].

The Health Aide Program

The Health Aide Program emphasized the role of the representative as one of assistance to specific Indian Health Service personnel in both clinical and field health programs. Representatives in programs of this type work closely with physicians, public health nurses, sanitations, medical social workers, and other health team members.

The Health Liaison Program

The Health Liaison Program essentially provides a liaison (the Community Health Representatives [CHR]) between the community and health resources such as the Indian Health Service, County Medical Welfare programs and local voluntary medical agencies. The Community Liaison Program also focuses upon the liaison role of the representative, but unlike the Health Liaison Program, provides a link between the community and all outside resources, whether health related or not. The representatives in this type of program work with reservation, city, and county agencies providing services in housing, education, employment assistance, and general welfare assistance, as well as direct health care.

The Community Development Program

The Community Development Program emphasizes methods as well as goals. The representative in this type of program strives toward the development of community organizations capable of identifying and solving health problems. The aim of programs emphasizing the community development approach is to bring about a greater degree of self-determination by the community and a greater role by the entire community in the decisions made by outside agencies that affect the community.

Representatives to Related Programs

In all cases of the above programs the Indian Communities have a representative to function in the role of ombudsman to help speak for the community in health matters and to direct members of the community through the seemingly complex maze of bureaucratic red tape. In all cases, the communities have their representatives working in the interest of the tribe in the above stated program which are controlled and coordinated by the tribe.

Services to Indians in Extended Care Facilities in the Phoenix Vicinity

In October of 1971, as a result of a conference, a program of direct services to elderly Indians placed in nursing, custodial, and boarding homes was developed [3:1]. Guidelines established for the coordinated Bureau of Indian Affairs and Indian Health Service Nursing Care Program reflects that the Bureau of Indian Affairs has financial responsibility for Indians who reside on the reservation and has responsibility of persons who need board and room or supervised protective care; as defined by the Bureau of Indian Affairs:

> Persons in the boarding care category are generally ambulatory, able to carry out activities of daily living such as bathing, dressing, feeding, and are capable of making the necessary judgments to get along well in society.

Such persons need little supervision and are able to accept the responsibility for their own care, providing their basic physical needs are met [5:1].

Persons in the supervised or protective care category may or may not be ambulatory. They need supervision and direction in dietary habits, medication, judgment in financial matters and directions in terms of activities of daily living. They may be mentally incompetent. These persons do not require medical or professional nursing home services. Custodial care homes provide a protective type living for those unable to care for themselves. Services may include an organized program of recreational and/or occupational activities.[6]

The Indian Health Service is required to provide financial responsibility for Indians requiring care in an extended care facility, nursing home, and other placements primarily for medical reasons. This category includes all patients requiring skilled nursing care. Greater impact from the tribal communities in the health role has resulted in a greater coordinated effort on the part of the Bureau of Indian Affairs and the Indian Health Service to enhance the health services to the Indian Community.

The Chinle Extended Care Facility

The Navajo people on the reservation at Chinle Arizona have developed and built the Chinle Extended Care Facility to provide nursing care on the Reservation for members of the Navajo Tribe. It is the goal of the Chinle Extended Care Facility to develop a balanced health care program that includes extended care, nursing care, residential care, total nursing care, and an additional home care program to meet the most urgent health needs of the Navajo people, and to provide for the best use of the Chinle Extended Care Facility building and staff.

The nursing care program operating within the Chinle Extended Care Facility provides continuous twenty-four hour licensed professional nursing care. A public health service physician from the Chinle Health Center provides regular medical care. Diagnostic and treatment facilities including X-ray, laboratory and pharmacy services will be provided when necessary by the Chinle Health Center. Patients at home or in the hospital are referred by physicians throughout the Navajo Nation. Long-term professional nursing care is augmented by rehabilitation and medical support services such as physical therapy, therapeutic diet, speech therapy, and social work services on a regular staff or professional consultation basis. Health care costs are calculated on a monthly or pro-rated basis. Financial cost of the Extended Care service will be provided through Medicare, the Indian Health Service, and other appropriate resources if the patient is unable to pay for his care or is indigent [24].

Summary

This chapter points out that income maintenance is the primary direct service offered to the aged by the federal government. Further aid depends on the support given by the local community. Looking at the aged situation in this light means that the rural aged population of our country are at a disadvantage as far as having access to services that are beneficial to their needs. Most nursing homes are situated in the city and suburbs, which indicates that most American Indians that utilize a nursing home must leave their community and cultural ties.

CHAPTER IV

RESEARCH FINDINGS

Introduction

The data compiled reflects the need for an Indian operated nursing home in the Gila River Indian Community, as seen by present nursing home residents and a select sample of reservation residents, age 60 and over. For presentation, comparisons have been drawn between the Gila River Indian Community patients who are in the American Indian Nursing Home and the patients who are residents in non-Indian nursing homes in the Phoenix vicinity.

In addition, data compiled from a sample of persons age 60 and over is presented. This material is largely of an attitudinal nature, reflecting the reactions of people who might be prospective nursing home patients.

Profile of the Gila River Indian Resident Placed in a Nursing Home

This profile is derived from data collected from the entire Pima nursing home population. The reason for the profile is to highlight individual characteristics as well as spell out statistics. The characteristics are meant to bring out the personal human element as well as the direct physical implication of nursing home care.

The Gila River Indian admitted to a nursing home is generally referred because of multiple reasons such as, age, chronic illness, family disintegration, inadequate living facilities, and economics. More than 50% of the Gila River patients in nursing homes are over 75 years of age, 20% are between 70 and 75, with 30% between 60 and 70. There are twice as many males as females in nursing homes. Fifty percent of the patients are widowed with the other 50% married, single, or divorced.

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[6] The Public Health Service manual instruction 3-1.1c establishes policy and procedures for medical evaluation and health supervision of Indians requiring placement by Bureau of Indian Affairs, primarily for room and board, and for supervised or protective care.

TABLE I
Age Distribution of Patients in Indian and Non-Indian Nursing Homes

Type of Nursing Home	Age of Resident 75 +	70-75	60-70
Indian Nursing Home	5	4	6
Non-Indian Nursing Home	9	2	2
Total	14	6	8

A little over 50% of the Gila River nursing home patients have been placed in the American Indian Nursing Home at Maricopa Colony. This has come about by a joint effort of the Bureau of Indian Affairs, Indian Health Service, and The American Indian Nursing Home in an attempt to accommodate the patient's request. Most persons in need of nursing care request the Indian Nursing Home, but it is beyond the means of all the agencies involved to fulfill all requests. In most instances placements have to be made where there is space available in various contract non-Indian nursing homes within the Phoenix vicinity.

The remainder of the patients have been placed in four other contract nursing homes in the Phoenix vicinity. The Gila River patients total from one to eight in each of five nursing homes, as shown in Table II.

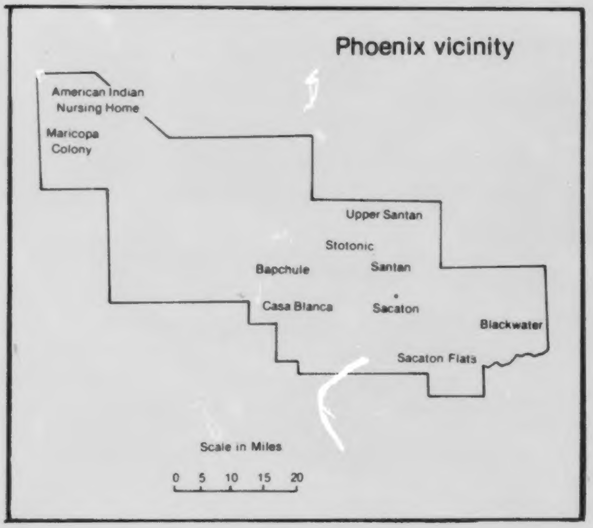
TABLE II
Number of Indians in Respective Nursing Homes

Nursing Home	Total Capacity	Gila River Patients	Percent GR Patients
American Indian	36	15	42.0%
Phoenix Nursing Home & Convalescent Center	116	2	1.7%
Golden Mesa Lodge	80	2	2.5%
Dora-L Nursing Home	106	8	7.5%
Happy Happy Nursing Home	25	1	4.0%

Although American Indian Nursing Home houses almost 50% of all the Gila River patients, 100% of their enrollment is American Indian. The percent of Gila River Indians in the other nursing homes reflects the small percent of Gila River Indians in non-Indian surroundings.

The larger percent of Gila River nursing home patients come from the districts of Sacaton, and Maricopa Colony. This could be attributed to several premises such as: location, transportation and facilities. Sacaton is the focal point for the Gila River Indian Community. It is quite evident that the people of this community have easier access to medical, business and social service facilities. They are in a better position to seek, inquire, and be recognized than perhaps some of the other elderly people who reside in the more isolated outlying districts of the reservation.

TABLE III
Geographical Distribution of Nursing Home Patients



	Sacaton	Maricopa Colony	Santan	Bapchule	Casa Blanca	Stotonic	Upper Santan	Sacaton Flats	Blackwater
American Indian Nursing Home	4	7	0	2	2	0	0	0	0
Non-Indian Nursing Homes	6	1	1	2	1	0	0	0	0

Placement of Gila River Indians in nursing homes is on a sharp incline. From 1968 to 1971, placements have more than quadrupled. This figure does not take into consideration patients that have expired in the nursing homes from 1968 to 1971. Recent admission statistics are shown in Table IV.

TABLE IV
Admission to Nursing Homes by Selected Years

Type of Nursing Home	1968	1969	1970	1971
American Indian Nursing Home	3	5	2	5
Non-Indian Nursing Homes	0	0	1	12
Total	3	5	3	17

This table suggests that most patients were admitted to the American Indian Nursing Home until the nursing home was filled to capacity and could no longer admit patients merely upon request. The table indicates that prior to 1971, nursing homes other than

TABLE V

Residence of Closest Next of Kin

Type of Nursing Home	Sacaton	Maricopa Colony	Black-water	Casa Blanca	Bapchule	Off-Reserv.
American Indian Nursing Home	4	1	0	2	0	6
Non-Indian Nursing Homes	3	2	1	1	1	4
Total	7	3	1	3	4	10

the American Indian Nursing Home were not relied on extensively for admission of Gila River patients.

One-third of the nursing home patients gave their next of kin as relatives, primarily a son or daughter, residing off the reservation. One-third gave Sacaton as residence for next of kin. The remaining third divided among the communities of Blackwater, Casa Blanca, Bapchule and Maricopa Colony. This points out that the children of at least two thirds of the nursing home patients are financially independent and do not lean on the parents for help.

It is logical to assume that most of the Gila River Indians living off the reservation and in the district of Sacaton are more apt to be earning a steady wage, indicating that their social and economic situation is more stable than some of the other Gila River residents.[7]

It was difficult to determine the length of stay of the patients in general. Fifty percent admitted that their stay in the nursing home was indefinite. The other half could not realistically respond to this question. It appears, overall, that the majority of patients that enter a nursing home are considered long-term patients.

The comparison between custodial and skilled patients runs about fifty-fifty. This indicates that at least one-half of the patients are in need of constant close supervised care. See Table VI:

TABLE VI

Placement of Patients in Terms of Classification

	Skilled	Custodial
American Indian Nursing Home	6	9
Non-Indian Nursing Homes	7	6
Total	13	15

Except for a slight difference in percentage, the skilled and custodial patients are fairly well distributed between the American Indian Nursing Home and the Non-Indian nursing homes.

As for impairments, poor vision and hearing seemed to rank high, about fifty percent. Brain syndrome, senility and speech difficulties afflict almost fifty percent of the patients. Other impairments found on a small scale were: paralysis, cataracts, and cirrhosis. Other disorders of significance were: diabetes, 25%; arthritis, 20%; pulmonary conditions, 20%; and tuberculosis, less than 20%.

The classification of the patients, according to federal nursing home standards, falls into two primary categories, custodial and skilled. The total Gila River nursing home population runs about 60% custodial and 40% skilled. This means that a little over one-half of the patients are ambulatory and semi-independent while the remainder need close supervision. At least one-half of the patients need total assistance in personal hygiene, waster movement, eating, drinking, and commuting. 20% are confined to bed, 50% need assistance in walking with crutches, canes, rails and wheelchairs. Although 50% are classified as custodial, 80% cannot climb or need assistance in climbing stairs. The majority of patients that need assistance in walking, prefer to use a wheelchair as much as possible. A small percent resort to crutches, walker and cane.

Prior to moving to a nursing home, the respondents lived in a variety of situations. A small percent lived alone, with a son or daughter, with a spouse, with a brother or sister, or a friend or relative. For the majority of the patients this was their first admission to a nursing home. To a few it was a familiar thing, as they had been in and out of more than one nursing home.

The reason for at least fifty percent of the admissions is due to the acute degree of chronic illness. The patient is ill to the point that the home environment cannot cope with the illnesses. Twenty percent have an unstable family nucleus which does not allow for proper care for an elderly person in need of daily assistance. Twenty percent have no family ties to provide care for them. Table VII is descriptive of the patients' illnesses:

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[7] In a good number of instances the children are against admitting the elderly to a nursing home because the extended family is dependent upon the elderly person's income. Whenever a patient is admitted to a nursing home it usually means the relinquishment of his income to the nursing home in return for the services rendered. The independent children usually feel more comfortable about consenting to admit their elderly parent to a nursing home.

TABLE VII
Patients' Illnesses in Comparison to Their Nursing Home Placements

Type of Nursing Home	Diabetes	Arthritis	Pulmonary Condition	TB	Brain Syndrome
American Indian Nursing Home	1	4	0	0	7
Non-Indian Nursing Homes	4	2	4	3	6
Total	5	6	4	3	13

About one-third of the patients have visitors ranging from weekly to monthly visits. The other two-thirds claim they never have visitors or did not respond to the question. See Table VIII.

TABLE VIII
Frequency of Visits

Type of Nursing Home	Weekly	Monthly	Never	No Response
American Indian Nursing Home	2	2	4	7
Non-Indian Nursing Homes	2	3	6	2
Total	4	5	10	9

A high proportion of respondents in both the Indian and non-Indian nursing homes never have visitors. This must be contrasted with data that shows that a majority of next of kin are people in good economic standing. Also, it must be noted that the majority of next of kin live off-reservation in the Phoenix vicinity and in Sacaton. This would imply that transportation is not the primary factor for lack of visitation to patients in nursing homes.

As to contacts through written correspondence, three fourths of the patients said they never received mail. A very small percent claimed to receive mail on a weekly or monthly basis, as shown in Table IX.

TABLE IX
Frequency of Written Correspondence

Type of Nursing Home	Weekly	Monthly	Never	No Response
American Indian Nursing Home	0	0	9	6
Non-Indian Nursing Homes	1	0	11	2
Total	1	0	20	8

With respect to medical treatment and visits from a physician the range of responses varied widely. Several said they were visited and treated anywhere from two or three times a week to never. This data is difficult to interpret since most patients were not definite in distinguishing between a physician and other officials that had dealings with them. While interviewing the nursing home patients, the researchers were often mistaken for physicians.

Nearly one-half of the patients found the nursing home staff to be very likeable. Others felt indifferent or disliked the staff. These attitudes are reflected in Table X:

TABLE X
Patients' Attitudes Toward the Nursing Home Staff

Type of Nursing Home	Very Likeable	Likeable	Indifferent	Dislike	No Response
American Indian Nursing Home	7	1	0	0	7
Non-Indian Nursing Homes	5	1	2	1	4
Total	12	2	2	1	11

TABLE XI
Attitude Toward Nursing Home Food

Type of Nursing Home	Very Much	Somewhat	Indifferent	Dislike	No Response
American Indian Nursing Home	5	2	0	1	7
Non-Indian Nursing Homes	5	3	1	0	4
Total	10	5	1	1	11

TABLE XII
Comparison of Nursing Home Food to Home Food

Type of Nursing Home	Much the same	Somewhat	Different	Very Different	No Response
American Indian Nursing Home	2	2	2	2	7
Non-Indian Nursing Homes	0	0	0	9	4
Total	2	2	2	11	11

It is evident that almost fifty percent of the patients were positive and pleased with their treatment by the staff. A sizeable percent gave no response.[8]

One-third of the patients were well satisfied with the food served to them, but at the same time felt that it was quite different from what they were used to eating at home. See Table XI.

Table XI indicates that a majority of patients were satisfied with the food in the Indian and Non-Indian nursing homes, but Table XII indicates that even though they like the food, it does not necessarily mean that it is what they are used to eating. Especially in the non-Indian nursing homes, there is a unanimous feeling that the food is very different than what is prepared at home.

Less than twenty percent chose to remain in their present nursing home; none cared to transfer to a non-Indian nursing home. Twenty-five percent were willing to move to an Indian-operated nursing home on the reservation. The majority of patients who wanted to be transferred to an Indian-operated nursing home were the ones in the non-Indian contract nursing homes.[9] Table XIII reflects these preferences:

TABLE XIII
Preference as to Nursing Home Living

Type of Nursing Home	Remain in Pres. NH	Move to a Diff. NH	Move to a NH on Res.	Indifferent	No Response
American Indian Nursing Home	7	0	0	0	0
Non-Indian Nursing Homes	0	0	6	1	6
Total	7	9	6	1	6

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[8] This could be attributed to several factors, the actual lack of understanding and also the fear of what might happen if they answered in a derogatory manner.

[9] Most of the patients from the American Indian Nursing Home that were able to communicate became rather defensive toward this question. The researchers' question and position was not fully understood by some of the patients. Some patients felt that they were being questioned for the purpose of a transfer to a non-Indian nursing home. They would repeatedly make it known that they wanted to remain in the American Indian Nursing Home.

The majority of patients did not indicate that they felt that the care would be improved in an Indian operated home. The quality of care was not the issue with them. It was the idea that the environment and the peer surroundings of an all-Indian nursing home located close to home, friends, and relatives that lent to a more comfortable living condition. This is reflected in Table XIV.

TABLE XIV
Type of Nursing Home Seen as Providing the Best Care

	American Indian Nursing Home	Non-Indian Nursing Homes	Total
Indian Operated Nursing Home on the Res.	4	6	9
Non-Indian NH Operated on the Res.	0	0	0
Non-Indian NH Operated off the Res.	0	0	0
Indifferent	3	4	7
No Response	8	4	12

Profile of the Gila River Indian Reservation Resident 60 Years and Over

A systematic random sample of the population over 60 years of age in the Gila River Indian Reservation was selected for this study. The sample totaled twenty-five respondents, concentrated in the more heavily populated communities. This included the communities of Sacaton, Bapchule, Casa Blanca, Stotonic, Blackwater, and Santan.

In the random sample selected, twice as many males as females were secured as respondents, with the largest percent of respondents in each group being 65 and over. See Table XV:

TABLE XV
Ages of Study Groups
Random Sample and Nursing Home Residents

	75 +	70-75	60-70
Nursing Home Patients	14	6	8
Reservation Respondents	9	6	10

Fifty percent of the people interviewed on the reservation live in the traditional sandwich type homes. The other one-half live in frame, brick, and pre-fab dwellings. This suggests that at least fifty percent of the people over sixty remain close to the more traditional life style of living. Table XVI reflects this breakdown.

TABLE XVI
Types of Home—Construction

	Brick	Frame	Pre-fab	Sandwich
Respondents	4	4	4	12

Almost 100% of the elderly claim to be independent by residing in their own homes. A very small percent live someplace other than their own home, as reflected in Table XVII.

TABLE XVII
Status of Respondent's Residence

	Own Home	Rent Home	Live with Relatives
Respondents	22	0	2

One hundred percent of these people felt that they were not in need of nursing home care at the moment. Eighty percent said they would accept nursing home services if they had no other alternative, if and when they would become faced with such a condition.

Fifty percent preferred an Indian-operated nursing home on the reservation. Twenty percent favored home maker service over nursing home care. Thirty percent were indifferent or did not grasp the question adequately in order to respond appropriately. Table XVIII reflects their preferences as to type of care:

TABLE XVIII
Preference for Types of Nursing Care

	Number of responds	Percentage of responds
Nursing Home Regardless of Location	0	—
Day Care Nursing Home	1	—
Home Maker Service	4	20%
Nursing Home at Sacaton, Indian Operated	12	50%
Indifferent	8	30%

At present a little over 50% of the people over 60 felt secure and comfortable in their present economic and health status. Almost 100% subsisted on income from social security, federal retirement, railroad retirement, disability compensation, old age assistance, and public welfare. Only one person was gainfully employed and one was self-employed. Both of these individuals are over seventy years of age.[10]

About thirty percent of the people surveyed had not been checked by a physician in more than a year. Due to the comprehensive diabetes study conducted by the

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[10] The employed person is a language instructor, teaching the Pima language at Central Arizona College. The self-employed person is a basket maker whose demand far exceeds the supply of goods she can produce.

National Institute of Health Research Center, the majority of Gila River Indians have had a physical within the past three or four years.

Again, with the elderly on the reservation, vision and hearing ranked as the highest impairments. Diabetes followed with an incidence of 70%, with arthritis trailing second at 20%. Tuberculosis, high blood pressure, cataracts and heart ailments were mentioned with lesser frequency.

Less that 20% of the people interviewed had the need for a walking cane, crutches or wheelchair. Amputees and the use of artificial limbs paralleled that of the patients in nursing homes. A total of three patients in the nursing homes were amputees with respect to toes or a foot. This was primarily due to gangrene from diabetes. Of the people over 60 on the reservation, a total of three were amputees for the same reason as the nursing home patients. Of these, two wore artificial limbs on a permanent basis.

A little less than fifty percent claimed to be on medication prescribed by a physician. One said that all she had ever relied on all her life was herbs. Most of the diabetics claimed that they were supposed to be on a prescribed diet, but could not stick to it 100% of the time due to financial reasons. Few had access to special foods.

Summary

This study has been presented through data compiled from two respondent groups, those residents in nursing homes, and those over age 60 on the reservation. Comparisons have been shown between the patients in the Indian nursing home as opposed to the patients in the non-Indian nursing homes.

The implications that flow from the study will be presented in Chapter V. Attention will be given to cultural, medical, emotional, and social components of extended care, and to how these aspects become meaningful dimensions of a program for the elderly Indian person.

CHAPTER V

IMPLICATIONS FOR EXTENDED CARE SERVICES

Introduction

The findings that have been collected and analyzed for this study support the contention that the Gila River Indian Community is in need of a nursing home facility. The social and cultural problems that the Pima and Papago nursing home patients are confronted with in non-Indian, off-reservation nursing homes is a major concern.

Attention in this chapter is given to additional implications that flow from the data. Specific discussion centers around: (1) Cultural traditions, (2) Medical care, (3) Physical Plant, and (4) Local supportive programs.

Cultural Traditions

Traditionally, the elderly person has always held an important place in the Indian family. He was greatly valued as a resource person. He was looked upon as an educator, counselor, and spiritual leader. Today, due to the economic and social milieu that most Indian families are experiencing, there has been a steady increase in elderly people being placed in nursing homes away from the Indian community; away from their families, and away from most social and cultural contacts.

In most of these instances the elderly Indian experiences severe mental anguish when he is placed in a non-Indian nursing home. He undergoes more than the usual amount of cultural shock in adapting to the institutional setting.

These elderly people have difficulty in communicating their thoughts, ideas, and concepts in the English language. The non-Indian nursing home staff does not generally associate the cultural problem as being of probable significance.

Medical Care

Because of the high rate of chronic illnesses among the aged of the Gila River Indian Community, an intensive medical care program is needed. Medical aspects that warrant priority for the elderly are: (1) Consistent professional medical care, (2) Physical therapy, (3) Occupational therapy, (4) Psychiatric treatment, (5) Social services, and (6) Nutrition.

Consistent Professional Medical Care

Diabetic, pulmonary, and paralytic patients are in need of closer physician attention than what is presently provided by most medical services. The Bureau of Indian Affairs in the Phoenix area provides one contract physician who covers all the contract nursing homes with Indian patients in the Phoenix vicinity. This means that one physician services 150 Indian nursing home patients in 13 different nursing homes.[11]

A nursing home located close to the Sacaton Indian Health Unit would avail itself of many advantages. Such a nursing home would have access to all Indian Health services and facilities on a 24-hour basis.[12] The Chinle Extended Care Facility operates under similar conditions. [24].

Physical Therapy

Many of the aged receiving nursing care are in need of varying degrees of service from a physical therapist, due to arthritis, paralysis, and other such chronic conditions caused by old age and illnesses. A physical therapy program also plays an important role in the rehabilitation of nursing patients confined to beds and those using other devices affording limited movement of limbs and muscles. A sound program of such service would assure maximum retention of physical capabilities consonant with advancing age.

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[11] Indians from other reservations in the area utilize contract nursing homes under the BIA and IHS contracts.

[12] Sacaton is the headquarters for most of the BIA and IHS services that are rendered to the Gila River Indian Community.

Occupational Therapy

The elderly, through the utilization of occupational therapy, are given a sense of worth and accomplishment in that they can produce and contribute something of meaning to the community of which they are a part. This type of service keeps the mind alert, allowing the elderly a more fuller life, and they are not left to deteriorate. Programs need to be devised to allow the elderly to feel useful—to feel that they can make a contribution in spite of their dependence upon others for physical care.

Psychiatric Treatment

The need for psychiatric treatment in the Gila River Community is being provided by a mental health section in the Sacaton Indian Health Unit. The placement of a nursing home at Sacaton would provide the patients ready access to psychiatric services should the need arise. While the need for such services was not an issue of this study, the provision for psychiatric care and consultation may be an important dimension in care for the elderly.

Social Services

A Social Service unit within the nursing home facility would provide a basis for maintaining inter-agency contact between Indian Health Service, Bureau of Indian Affairs, the Gila River Tribe, and other agencies working for the betterment of the patient. The Social Service unit would also work toward keeping the family and the patient in close contact, and further enrich the actual living experience in the nursing home. A major concern of the social work services would be with the quality of life experienced by the patient.

Nutrition

Again, due to the high diabetic rate, and other chronic illnesses, most of the Gila River nursing home patients are in need of diets that are closely and consistently administered. Having access to an Indian Health service dietitian would be helpful. A dietitian could work with local Indian cooks in developing meals that are both traditional and nutritional.

Proper dental care plays an important part in the consumption of food. For people on special diets, the need for dental services becomes a pressing need. A nursing home close to an Indian Health Unit would give the patients the added dental care needed.

Physical Plant

It has been well established that a nursing home facility is needed on the Gila River Indian Reservation, and that the logical location is close to the Sacaton Indian Hospital. The facility should be constructed so that it meets all state and federal standards. In this way it can be accredited, so that contracts can be negotiated with the various state and federal agencies.

A long range projected figure of how many patients are to be admitted over an extended period of years should be determined as an aid in establishing the capacity and size of the facility. The facility should allow for adequate living space so that patients can feel a sense of privacy.[13]

A large sundeck of some sort is vital. Nursing home patients enjoy getting out in the sun and fresh air. In this climate a patient can spend many days outdoors. It was observed that most of the contract nursing homes had little or no outdoor arrangements for their patients. Several of the patients expressed a desire for fresh air and a release from feelings of confinement.

A well furnished physical therapy section is needed. Ambulatory patients can use a physical therapy room under the supervision of a qualified therapist. Intensive physical therapy would also help in rehabilitating some patients to the point of facilitating their return to their own homes.

A large multi-purpose room could be used for a lounge, TV, visiting, reading, movies, and other types of entertainment. An occupational therapy program also requires a separate room equipped with various types of tools and crafts. The desires of the patients should be secured in planning such facilities, to assure that their needs are met.

Supporting Programs

A strategically located nursing home in the Gila River Indian Community could benefit from several of the service programs that exist in the community. Civic organizations such as scouts, auxiliary groups, church groups, etc. could take on projects that would involve the nursing home patients in various activities.

These groups could render services in the way of recreation, entertainment, transportation, information, errands, grooming, and education. Volunteer services provide sound supports to a basic professional program of nursing care.

An Overview

The Gila River residents' primary concern about care for the aged is that they not be removed from the community for nursing home care. The reasons are many and diverse, and can be stated in many ways. Dr. Boucher, of the British Ministry of Health, in an article, *Who Cares for the Aged*, sums it up in this way:

> Our philosophy is that old people want to remain at home, in their own houses, surrounded by their own possessions, their own memories. We don't mind whether it is a good home, a bad home, a tiny home. That's where we believe they should be—where they feel secure, where they've got confidence. [29]

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[13] In some over-crowded facilities, five and six patients may presently be placed in rooms built to accommodate three.

The high rate of chronic diseases and debilitation among the aged of the Gila River population, however, warrants more than just home care for a significant number of aged who possess multiple health problems. It is humanly unjust to relocate an aged person into a foreign environment, and it is also equally unjust to leave a chronically ill and aged person in a home that does not possess the facilities and services to sustain him.

Previous demographic, population, and health studies of the Gila River Indian Community have specified that careful attention must be paid to the social role and needs of the older person in determining the best manner in which to care for his physical needs. This study has strongly supported these contentions, especially as to the vital importance of cultural imperatives. Extended care services for the elderly Indian will not be adequate until they incorporate fully the opportunity for the resident to retain his identity and cultural ties while he receives the necessary physical and medical care.

BIOGRAPHICAL SKETCHES

Peter F. Little is a 35-year-old Mescalero Apache Tribal member who has spent most of his life on the Mescalero Indian Reservation. He attended BIA, parochial, and public schools up through twelfth grade. He spent four years in the Air Force and was employed by the BIA for seven years before entering college. He received his B.A. in Social Welfare from New Mexico State University in 1970 and his M.S.W. from Arizona State University in 1972.

He is married and has two children. Mr. Little plans a career in the Indian Health Service, serving as a US Public Health Commissioned Officer.

Mary Beatriz Robinson Shoop was born in Kansas City, Kansas on January 21, 1940, attending parochial schools for academic training. She graduated from Redemptionist High School, Kansas in 1954. After working for several years as a secretary, she entered the Maracopa County Junior College at Kansas City, Missouri in 1966. She attended the Glendale Junior College in 1967, in Glendale, Arizona, graduating with an A.A. degree in 1968. She entered Arizona State University in 1968, graduating with a B.S. degree in Sociology (with a Welfare Emphasis) in 1970, and completed work for her M.S.W. degree in 1972.

APPENDIX

INTERVIEW SCHEDULE

Nursing Home Patients

1. Name and address of Nursing Home ____

____

2. Name and address of patient ____

____

3. Date patient was admitted ____

4. Name and address of next of kin ____

____

5. Date of birth ____________ 6. Sex M ____ F ____

7. Marital Status M ____ Single ____ D ____ Sep. ____ W ____ C/L ____

8. Classification of care: (a) Custodial ____ (b) Boarding ____ (c) Skilled ____ (d) Other ____________

9. Services used:

(a) Medical care by a physician (kind and frequency) ____

____

(b) Nursing Services (medication, diet, etc.) ____

____

(c) Other Services ____

10. Estimated length of stay ____

11. Disabilities and impairments:

(a) Amputation: Yes ______ No ______ (If yes describe) ____________________________

____

(b) Paralysis: Yes ______ No ______ (If yes describe) ____________________________

____

(c) Contracture: Yes ______ NO ______ (If yes describe) ____________________________

____

(d) Other—describe ____

(e) Speech: Mild ____________ Moderate ____________ Severe ____________

(f) Hearing: Mild ____________ Moderate ____________ Severe ____________

(g) Vision: Mild ____________ Moderate ____________ Severe ____________

(h) Sensation: Mild ____________ Moderate ____________ Severe ____________

(i) Tremors: Mild ____________ Moderate ____________ Severe ____________

(j) Other: Mild ____________ Moderate ____________ Severe ____________

Comments: ____

12. Level of self-care:	Independent	Needs assistance	Unable
Turn in bed			
Bath & groom self			
Oral hygiene			
Bladder movement			
Bowel movement			
Dress			
Feed & drink			
Walk			
Sit			
Stand			
Use stairs			
Other			

Comments: ____

13. Use of Health appliances:

	Has	Uses	Needs
Eyeglasses			
Dentures			
Hearing aid			
Prosthetic limb, etc.			
Crutches			
Cane			
Wheelchair			
Catheter			
Colostomy equipment			
Rubber pants, pads, etc.			
Brace or Braces			
Walker			
Other			

Comments: ______________________________

(From Patient)

14. Who did you live with prior to coming here (detailed description)? ______________________________

____

15. How many nursing homes have you experienced? 1st one ______ 2 or 3 ______ 3 or more ______

16. How much of a waiting period was there from time of physician's referral to time of admission?

0 to 1 mo. ______ 1 to 3 mo. ______ 3 or more ______

17. What are the following reasons for your admission?

______ Chronic illness
______ Unable to be cared for at home because of degree of illness
______ Unable to be cared for at home because of family problems
______ No one at home to care for you

18. How often do relatives and friends visit? Daily ______ Weekly ______ Monthly ______ Less ______

19. How often do you receive mail? Daily ______ Weekly ______ Monthly ______ Less ______

20. How often do you receive medical treatment from a physician?
Daily ______ Weekly ______ Monthly ______ Less ______

21. How often do you receive medical treatment from a nurse?
Daily ______ Weekly ______ Monthly ______ Less ______

22. How often do you see a doctor (visit)? Daily ______ Weekly ______ Monthly ______ Less ______

23. How often do you see other specialists, for treatment or visitations?
Daily ______ Weekly ______ Monthly ______ Less ______

Comments: ______________________________

24. How do you feel toward the staff? Very likeable ______ Likeable ______ Indifferent ______ Dislike ______

25. Do you have friends here? Several ______ A few ______ None ______

26. Do you like the food? Very much ______ Somewhat ______ Indifferent ______ Dislike ______

27. To what extent is this food the same as your home food?
Much the same ______ Somewhat ______ Indifferent ______ Very Different ______

28. How do you feel about the living quarters in general?
Very good ______ Good ______ Indifferent ______ Not good ______

29. Do you feel that your time is:
Well occupied ______ Indifferent ______ Poorly occupied ______ Too occupied ______

30. Do you understand the reason for being here? Yes ______ Partly ______ Not at all ______

31. How do you accept your condition? Good ______ Fair ______ Poor ______ Depressed ______

32. If you had a choice, what of the following would you prefer?

______ Remain in present nursing home
______ Move to different nursing home
______ Move to nursing home on the reservation if such were available

Comments: ______________________________

____

33. Do you think you would get better care from:
    ________ An Indian-operated nursing home on the reservation
    ________ A non-Indian-operated nursing home on the reservation
    ________ A non-Indian operated nursing home off the reservation
    ________ Indifferent

34. Interviewer's Evaluation: Communication
    ________ There was no difficulty communicating with patient
    ________ Adequate communication was accomplished only with some difficulty
    ________ Communication was extremely difficult or patient was unresponsive
    ________ Other (describe) ______________________________

____

35. Patient's attitude about interview:
    Strongly favorable ______ Favorable ______ Indifferent ______ Unfavorable ______

INTERVIEW SCHEDULE

Random Survey of Gila River Residents Over 60 Years of Age

1. Name ______________________________
2. Address ______________________________
3. Sex Male ______ Female ______ 4. Date of Birth ______________________________
5. Home (description) ______________________________

____

6. Do you own ______ rent ______ live with a relative ______ Other ______________________________

Comments: ______________________________

7. Do you feel you are in need of nursing home care? Yes ______ No ______
   If yes are you on a waiting list? Yes ______ No ______
   If yes how long have you been waiting? ______________________________
8. Would you or have you refused nursing home care? Yes ______ No ______
9. If you were placed in a nursing home, what of the following would you prefer as first and second choice?
    ________ A nursing home regardless of location
    ________ A nursing home on the reservation at Sacaton that is Indian operated
    ________ A day care nursing home (explain)
    ________ Home makers service (explain)
    ________ Other
    ________ None of the above

Comments: ______________________________

10. How well are your needs provided for in your own home?
    Fully ______ Less than fully ______ Minimal ______ Not at all ______
11. What is your primary source of income: Employed ______ Self-employed ______ Pension ______
    Disability ______ DPW ______ Insurance ______ Retirement ______ Other ______________________________

Comments: ______________________________

12. How long ago was it that you last saw a Doctor ______________ Where ______________
13. How long ago was it that you last saw a Field Nurse ______________ Where ______________
14. How long ago was it that you last saw a CHR ______________ Where ______________
15. Do you have any physical disabilities? ______________________________

____

16. Do you use any health appliances or prosthesis? Yes ____ No ____ If yes, what? ____________

17. If yes, are they used on: Regular basis ____ Occasionally ____ Have but don't use ____

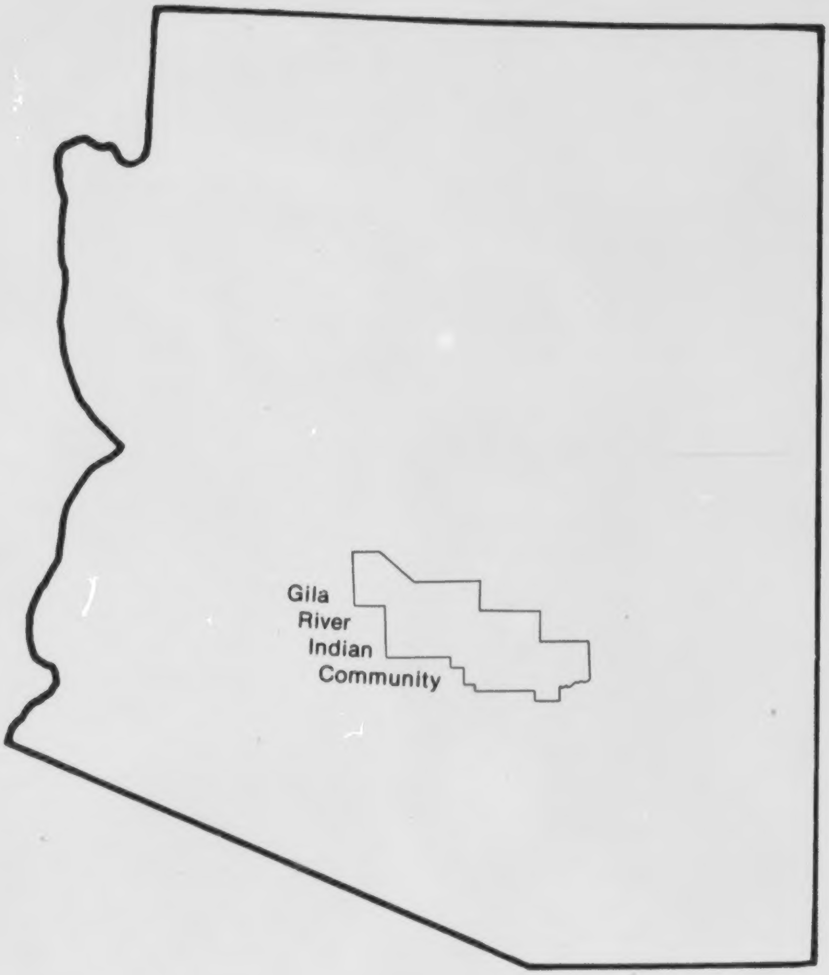
18. Are you under any medication? Yes ____ No ____ If yes, for what ailment ____________

19. Are you on a special diet? Yes ____ No ____ If yes, what kind? ____________

Interviewer's Evaluation

20. Communication:
Had no difficulty ____ Some difficulty ____ Extreme difficulty ____ Other ____________
Comments: ____________

State of Arizona



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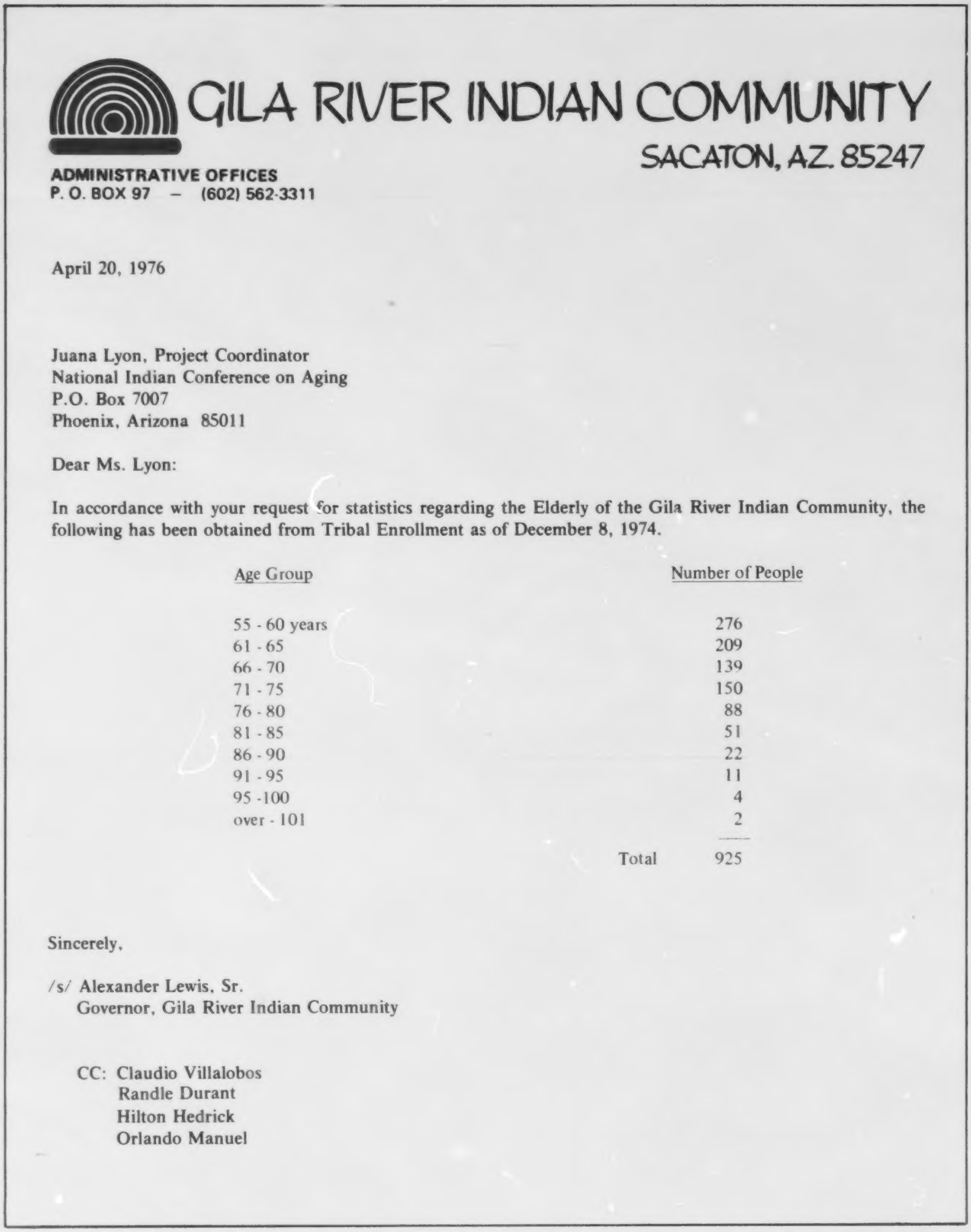

GILA RIVER INDIAN COMMUNITY
SACATON, AZ. 85247

ADMINISTRATIVE OFFICES
P. O. BOX 97 — (602) 562-3311

April 20, 1976

Juana Lyon, Project Coordinator
National Indian Conference on Aging
P.O. Box 7007
Phoenix, Arizona 85011

Dear Ms. Lyon:

In accordance with your request for statistics regarding the Elderly of the Gila River Indian Community, the following has been obtained from Tribal Enrollment as of December 8, 1974.

Age Group		Number of People
55 - 60 years		276
61 - 65		209
66 - 70		139
71 - 75		150
76 - 80		88
81 - 85		51
86 - 90		22
91 - 95		11
95 -100		4
over - 101		2
	Total	925

Sincerely,

/s/ Alexander Lewis, Sr.
Governor, Gila River Indian Community

CC: Claudio Villalobos
Randle Durant
Hilton Hedrick
Orlando Manuel

NATIONAL INDIAN CONFERENCE ON AGING
NATIONAL TRIBAL CHAIRMEN'S ASSOCIATION

Name of Tribe/Alaskan Native Community/Indian Organization
Gila River Indian Community

Mailing Address P.O. Bx 97
Sacaton, Ariz. 85247

Telephone

Name of person submitting this report Randle Durant

Title Director Elderly Nutrition Porgram

Date 10-28-77

Number of persons in service population who are:

Between 50 and 55 (990) 55-60 (630) 60 and over (525)

Are you now receiving funding for services to the elderly?

(x) Yes ( ) No

If yes, from what Agency?

(x) Tribe ( ) ANA (ONAP) (x) Title XX (SSA) ( ) HUD ( ) CSA

(x) State Agency on Aging ( ) Area Agency on Aging

( ) Other (please describe)

What services are you currently providing for the elderly in your community?

( ) Housing (x) Nutrition ( ) Senior Center ( ) Transportation (including escort service)

(x) Homemaker, Laundry, Shopping, Housecleaning (cross out what does not apply)

( ) Security – patrol service, telephone reassurance

( ) Other (please describe)

What services for the elderly are most needed in your community? (Please describe)

More Homemaker Services & Transportation

Wholesale Food Service

(Over)

Have you tried to obtain funding for these services?

(x) Yes ( ) No

If yes, from what agency? CSA – IDDA – NAP

What was the reason given for not funding your project? Not enough money.

ADDITIONAL COMMENTS:

PLEASE RETURN PRIOR TO NOVEMBER 18, 1977, TO:

NATIONAL INDIAN CONFERENCE ON AGING
NATIONAL TRIBAL CHAIRMEN'S ASSOCIATION
P.O. BOX 2088
ALBUQUERQUE, N.M. 87103

Exact Copy

THE HOPI TRIBE

Hopi Tribal Health Department
P. O. BOX 193
ORAIBI, ARIZONA 86039

May 10, 1976

Ms. Juana Lyon
Project Coordinator
National Indian Conference Aging
P.O. Box 7007
Phoenix, Arizona 85011

RE: Additional Sponsored Participant Slots

Hopi Tribal Census statistics reveal 778 tribal members 55 years and over. This is 10% of a reservation population of 7,500.

On the basis of this data, I am requesting that the Hopi Tribe be considered for additional sponsored participant slots when remaining slots become available.

I regret that I was unable to submit these statistics to you earlier. Due to lack of current data, the Hopi Tribal Health Department found it necessary to gather their own data. To ensure the validity of the data gathered, each individual's age had to be verified with the Census Department. As you know Juana, this can be time-consuming.

Hope to hear from you again and thank you for your attention to this request.

/s/ Deanna Etnire, MSW
Mental Health Planner

cc: Leon Nuvayestewa, Acting Director
Hopi Tribal Health Department

NATIONAL INDIAN CONFERENCE ON AGING
NATIONAL TRIBAL CHAIRMEN'S ASSOCIATION

Name of Tribe/Alaskan Native Community/Indian Organization HOPI TRIBE ---- TRIBAL HEALTH DEPARTMENT

Mailing Address P.O. Box 193
Oraibi, Arizona 86039

Telephone 602/734-2413

Name of person submitting this report DEANNA ETNIRE

Title HEALTH PLANNER

Date OCTOBER 31, 1977

Number of persons in service population who are:

Between 50 and 55 (278) 55-60 (226) 60 and over (593*)

*** HOPI TRIBAL ENROLLMENT NOT A COMPLETE STATISTICAL SUMMARY.**

Are you now receiving funding for services to the elderly?

(x) Yes ( ) No

If yes, from what Agency?

( ) Tribe ( ) ANA (ONAP) ( ) Title XX (PSA) ( ) HUD ( ) CSA

(x) State Agency on Aging ( ) Area Agency on Aging

(x) Other (please describe) "MOBILITY OF THE AGED", NORTHERN ARIZONA UNIVERSITY TRANSPORTATION PROPOSAL --- 2 YEAR SPAN. INDIAN HEALTH SERVICE'

What services are you currently providing for the elderly in your community?

( ) Housing ( ) Nutrition ( ) Senior Center (x) Transportation (including escort service)

(x) Homemaker, Laundry, Shopping, Housecleaning (cross out what does not apply)

( ) Security – patrol service, telephone reassurance

(x) Other (please describe) COMMUNITY HEALTH REPRESENTATIVE PROGRAM --- OUTREACH SERVICES

What services for the elderly are most needed in your community? (Please describe)

NURSING HOME FACILITY IS PRIORITY NEED. NUTRITION FEEDING PROGRAMS. ELDERLY SURVEILLANCE, HOMEMAKER SERVICES EXPANSION, ELDERLY FOSTER HOMES, INFORMATION AND REFERRAL. SENIOR CITIZENS MULTIPURPOSE CENTERS, MANPOWER PROGRAM FOR TRAINING TO MEET THE NEEDS OF ELDERLY IN SERVICE DELIVERY, LEGAL SERVICES.

(Over)

Have you tried to obtain funding for these services?

(x) Yes ( ) No

If yes, from what agency? ARIZONA STATE BUREAU OF AGING TITLE III

What was the reason given for not funding your project? ARIZONA STATE AND FEDERAL REQUIREMENTS/GUIDELINES ARE NOT DEVELOPED TO RENDER APPROPRIATE SERVICES TO THE HOPI ELDERLY WHICH MEETS THEIR SPECIAL AND UNIQUE NEEDS. THERE IS CURRENTLY NO DIRECT FEDERAL FUNDING TO HOPI TRIBE AND OTHER TRIBES, ONLY THROUGH THE STATE.

ADDITIONAL COMMENTS.

PLEASE RETURN PRIOR TO NOVEMBER 18, 1977, TO:

NATIONAL INDIAN CONFERENCE ON AGING
NATIONAL TRIBAL CHAIRMEN'S ASSOCIATION
P.O. BOX 2088
ALBUQUERQUE, N.M. 87103

NATIONAL INDIAN CONFERENCE ON AGING
NATIONAL TRIBAL CHAIRMEN'S ASSOCIATION

Name of Tribe/Alaskan Native Community/Indian Organization HUALAPAI TRIBE

Mailing Address P.O. Box 168, Peach Springs, AZ 86434

Telephone (602-) 769-2216

Name of person submitting this report Thomas C. Phillips

Title Director - Native American Programs

Date November 17, 1977

Number of persons in service population who are:

Between 50 and 55 (54) 55-60 (20) 60 and over (22)

Are you now receiving funding for services to the elderly?

(xx) Yes ( ) No

If yes, from what Agency?

( ) Tribe ( ) ANA (ONAP) ( ) Title XX (PSA) ( ) HUD ( ) CSA

(xx) State Agency on Aging ( ) Area Agency on Aging

( ) Other (please describe)

What services are you currently providing for the elderly in your community?

( ) Housing (xx) Nutrition ( ) Senior Center (xx) Transportation (including escort service)

(xx) Homemaker, Laundry, Shopping, Housecleaning (cross out what does not apply)

( ) Security – patrol service, telephone reassurance

( ) Other (please describe)

What services for the elderly are most needed in your community? (Please describe)

Adequate Nursing Care, Foster Grandparent care, Referral services and more funds for a comprehensive multi-purpose Senior Center.

(Over)

Have you tried to obtain funding for these services?

(xx) Yes ( ) No

If yes, from what agency? Department of Economic Security State of Arizona

What was the reason given for not funding your project? Limitation of funding

ADDITIONAL COMMENTS:

TO WHOM IT MAY CONCERN:

The Hualapai Elderly Food and Nutrition Program is funded under Title VII (7).

A Noon meal is served daily, five days per week at the Community Building. Meals for the home bound (Shut-ins) are prepared for delivery at 11:00 a.m. and are delivered by the out reach worker and or Community Health Representatives. The Elderly are usually transported to the feeding Center in two separate bus trips.

Shut-in recipients are currently having meals delivered on plates wrapped in foil. Upon funding, their meals will be prepared and delivered in a "hot serve" commercial food vessel.

Project Participants will receive transportation and escort services on a daily basis to provide basic needs such as grocery shopping, mail pick-up as well as bi-weekly shopping trips to Kingman for shopping and other services. Additional transportation and services are provided upon request for trips to the clinic for health check-ups or illness, to attend sick relatives, secure Social Services from Social Security and Food Stamps offices in Kingman.

One CETA Employee and TWEP Employee do laundry for the Elderly and home maker services is also done by them.

Not all services are rendered on a daily basis such as nutrition education or health and welfare counseling, but will receive a pro rate time schedule within the program operating period.

Delores Honga, E.F.M.S.
Director
Blue House Phone No. 769-2375

PLEASE RETURN PRIOR TO NOVEMBER 18, 1977, TO:

NATIONAL INDIAN CONFERENCE ON AGING
NATIONAL TRIBAL CHAIRMEN'S ASSOCIATION
P.O. BOX 2088
ALBUQUERQUE, N.M. 87103

NATIONAL INDIAN CONFERENCE ON AGING
NATIONAL TRIBAL CHAIRMEN'S ASSOCIATION

Name of Tribe/Alaskan Native Community/Indian Organization
SALT RIVER PIMA–MARICOPA INDIAN COMMUNITY

Mailing Address Route # 1, Box 216
Scottsdale, AZ 85256

Telephone 949-7243 ext. # 201

Name of person submitting this report Robert R. Lewis

Title Director, SRP–MIC Community Services Department

Date November 7, 1977

Number of persons in service population who are:

Between 50 and 55 (111) 55 - 60 (136) 60 and over (69)

Are you now receiving funding for services to the elderly?

(x) Yes ( ) No

If yes, from what Agency?

(x) Tribe (x) ANA (ONAP) ( ) Title XX (PSA) ( ) HUD (x) CSA

( ) State Agency on Aging ( ) Area Agency on Aging

(x) Other (please describe) NOTE: The CSA grant is for one time assistance for FY '78

What services are you currently providing for the elderly in your community?

(x) Housing (x) Nutrition (x) Senior Center (x) Transportation (including escort service)

(x) Homemaker, Laundry, Shopping, Housecleaning (cross out what does not apply)

( ) Security – patrol service, telephone reassurance

(x) Other (please describe) We have outreach workers who provide advocacy, as well as social activities (planned trips for Senior Citizens).

What services for the elderly are most needed in your community? (Please describe)

1. There is a need for more low rent housing; 2. Public transportation
3. Permanent Senior Citizens Center (facility).

(Over)

Have you tried to obtain funding for these services?

(x) Yes ( ) No

If yes, from what agency? Tribe, CSA, Federal Highway Administration Agency

What was the reason given for not funding your project? __________

ADDITIONAL COMMENTS:

PLEASE RETURN PRIOR TO NOVEMBER 18, 1977, TO:

NATIONAL INDIAN CONFERENCE ON AGING
NATIONAL TRIBAL CHAIRMEN'S ASSOCIATION
P.O. BOX 2088
ALBUQUERQUE, N.M. 87103

Tribal Systems -San Carlos
Population Statistics

San Carlos Apache Tribe
San Carlos, Arizona

AGE GROUP			TRIBE			DISTRICTS						
					P.H.	Upper Peridot	Lower Peridot	Bylas	On	Adj.	Off	Total
		1	4	5	6	7	8	9	Resv.	3	Resv.	Resv.
Under 5	Male	0	51	57	15	19	21	65	237	9	69	306
	Female	0	41	63	21	29	28	58	254	14	63	317
5	Male	0	12	14	3	8	5	21	67	4	10	77
	Female	0	18	16	11	3	8	16	78	6	23	101
06-14	Male	0	143	169	76	69	58	210	750	25	195	945
	Female	0	124	162	92	75	60	225	782	44	210	992
15	Male	0	19	14	9	7	8	22	80	1	22	102
	Female	0	16	25	8	7	7	20	92	9	17	109
16-18	Male	0	46	72	22	19	36	52	263	16	54	317
	Female	0	60	62	30	19	19	69	278	19	41	319
19	Male	0	12	18	5	8	8	17	72	4	17	89
	Female	0	15	28	5	4	9	19	82	2	20	102
20-24	Male	0	63	97	18	35	39	86	349	11	69	418
	Female	0	80	82	17	31	40	71	340	19	85	425
25-34	Male	0	96	130	32	38	43	122	485	24	116	601
	Female	0	73	130	38	45	36	119	455	14	164	619
35-44	Male	0	57	85	22	31	26	75	299	3	64	363
	Female	0	59	78	31	21	25	75	302	13	105	407
45-64	Male	1	57	78	20	24	31	55	279	13	50	329
	Female	0	65	91	24	30	30	78	333	15	72	405
65-over	Male	0	32	44	9	11	11	27	145	11	21	166
	Female	1	24	43	6	13	12	29	133	5	13	146
	Dis.Tot.	2	1163	1558	514	546	560	1531	6155	281	1500	7655
	Res-error	16										

NATIONAL INDIAN CONFERENCE ON AGING
NATIONAL TRIBAL CHAIRMEN'S ASSOCIATION

Name of Tribe/Alaskan Native Community/Indian Organization
WHITE MOUNTAIN APACHE TRIBE

Mailing Address Administration for Native Americans
P.O. Box 1179
Whiteriver, Arizona 85941

Telephone (602) 338-4383

Name of person submitting this report Billy Kane

Title Executive Director of Administration for Native Americans

Date November 16, 1977

Number of persons in service population who are:

Between 50 and 55 (224) 55-60 (187) 60 and over (324)

Are you now receiving funding for services to the elderly?

(x) Yes ( ) No Nutrition Project under Title VII of Older American Act
Only for 60 years of age and older.

If yes, from what Agency?

( ) Tribe ( ) ANA (ONAP) ( ) Title XX (PSA) ( ) HUD ( ) CSA

(x) State Agency on Aging ( ) Area Agency on Aging
Title VII of Older American Act

( ) Other (please describe)

What services are you currently providing for the elderly in your community?

( ) Housing ( ) Nutrition ( ) Senior Center ( ) Transportation (including escort service)

( ) Homemaker, Laundry, Shopping, Housecleaning (cross out what does not apply)

( ) Security — patrol service, telephone reassurance

( ) Other (please describe)

What services for the elderly are most needed in your community? (Please describe)

Unmet needs of our elderlies -
A. Nutrition
B. Nursing Home - Skill Care
C. Nursing Home - Foster Care
D. Homemaker Services & Home Care Programs
E. Work programs for the Elderlies
F. Housing
G. Transportation

(Over)

Have you tried to obtain funding for these services?

(x) Yes ( ) No

If yes, from what agency? Title VII Nutrition Program/ANA - Senior Work Program and NCOA - Work Program

What was the reason given for not funding your project?

These agencies are now funding our existing programs.

ADDITIONAL COMMENTS:

The age limit on the Title VII program restricts us from meeting all the needs of our elderlies.

On the national level there is ten percent of the population who are over 65 years of age. On our particular reservation, in 1976 there was only two percent of our population who were 65 years old and over. And only four point one of our population (8,750 pop.) who are over 60 years of age. This clearly indicates that very few of our elderlies live past the age of 65 years. Because very few of our elderlies reach the age of 65 and over we stress that the age limit be lowered.

PLEASE RETURN PRIOR TO NOVEMBER 18, 1977, TO:

NATIONAL INDIAN CONFERENCE ON AGING
NATIONAL TRIBAL CHAIRMEN'S ASSOCIATION
P.O. BOX 2088
ALBUQUERQUE, N.M. 87103

Statistical Information Concerning Native American Seniors Interviewed
April, 1976

Native Americans for Community Action, Inc.
Alcoholism and Drug Abuse Program
Box 572—121 East Aspen
Flagstaff, Arizona 86001

There were 15 interviewees. (N = 15) 25 additional Native American Seniors were identified, but not interviewed. A total of 40 Native American Seniors have been identified in Flagstaff, aged 55 years or older.

SEX

MALE	FEMALE	TOTAL
9	6	15

AGE

MALE	FEMALE	TOTAL
(65,77,77,62,78,56,64,56,55)	(71,64,70,62,59,57)	
65.5 Avg.	63.5 Avg.	64.9 Avg.

EDUCATION

(4,5,7,10,11,8,10,12,14,14,11,11,12,12,NONE)

MALE	FEMALE	TOTAL
8.2 yrs.	10.8 yrs.	9.3 yrs.

TRIBAL AFFILIATION

HOPI	NAVAJO	OTHER	TOTAL
5	9	1	15

YEARS RESIDENCE IN FLAGSTAFF

(12,12,20,33,29,33,30,17,35,35,32,32,28,29,15)

Length of residence varied from a low of 12 years to a high of 35 years. The average years of residence in Flagstaff was 26.1 years.

EXACT COPY

Inter-Tribal Council of Nevada
SENIOR CITIZEN PROGRAM
Capital Plaza Bldg.
1100 East William Street, Suite 117
Carson City, Nevada 89701
Phone (702) 885-5338

September 27, 1977

Mr. Thomas Belford
Office of the Assistant to the
President for Reorganization
Room 3206, New Executive Office Building
Washington, D.C. 20503

Dear Mr. Belford:

We are in receipt of your letter to Ms. Juana P. Lyon, Executive Director, National Indian Council on Aging, Inc. (copy attached). Ms. Lyon has sent this on to us for our comments.

Our particular concern is that most Federal funds for Indian Elder programs in Nevada are channeled through State agencies without our knowing what would be the Indian portion if awarded separately.

We feel that since Inter-Tribal Council of Nevada is a statewide Tribal Council including all Indian reservations and colonies in Nevada we know best the needs of our Elders and are in an excellent position to administer the funds. I believe this especially true of the Title VII Nutrition Program and Title III of the Older Americans Act.

It is our belief that where a non-profit organized Tribal group exists in a State, it should be able to receive its funds for the aged direct.

We realize that this is not possible for FY 1978; however, we would appreciate this being investigated for FY 1979.

Sincerely,

/s/ Janice R. Ayres
Director, Senior Citizen Program
Inter-Tribal Council of Nevada

NATIONAL INDIAN CONFERENCE ON AGING
NATIONAL TRIBAL CHAIRMEN'S ASSOCIATION

Name of Tribe/Alaskan Native Community/Indian Organization
Lovelock Tribal Council - Lovelock Paiute Tribe

Mailing Address Lovelock Tribal Council
P.O. Box 878
Lovelock, Nevada 89419

Telephone (702) 273-2861

Name of person submitting this report Leland Bliss

Title Research Developer, Lovelock Indian Colony

Date November 1, 1977

Number of persons in service population who are:

Between 50 and 55 (10) 55-60 (10) 60 and over (9)

Are you now receiving funding for services to the elderly?

( ) Yes (x) No

If yes, from what Agency?

( ) Tribe ( ) ANA (ONAP) ( ) Title XX (PSA) ( ) HUD ( ) CSA

( ) State Agency on Aging ( ) Area Agency on Aging

( ) Other (please describe)

What services are you currently providing for the elderly in your community?

( ) Housing ( ) Nutrition (*) Senior Center (**) Transportation (including escort service)

*Making home deliveries of Hot Lunches to elderly. Hot Lunches picked up from Sr. Citizens Center in town. (7 elderly). A 50 ¢ donation is paid for each meal, five days a week, except holidays.

( ) Homemaker, Laundry, Shopping, Housecleaning (cross out what does not apply)

( ) Security patrol service, telephone reassurance

( ) Other (please describe) ** Our Community Health Representative transports the elderly to the monthly Field Clinic at the local hospital and to the Public Health Service Hospital in Schurz, Nevada for other health problems.

What services for the elderly are most needed in your community? (Please describe)

A Senior Citizens Center in the colony Community Building would allow the elderly to have a hot lunch and to participate in social and recreational activities. We also are in need of an In-Home Service Worker to check on the elderly and give assistance when needed. We are presently attempting to acquire an In-Home Worker through the Inter-Tribal Council of Nevada.

(Over)

Have you tried to obtain funding for these services?

(x) Yes ( ) No

If yes, from what agency? We requested funds from the Pershing County Commissioners to remodel the Community Building and buy appliances.

What was the reason given for not funding your project? Reason given was that we are under Federal Jurisdiction and there was a question as to whether it was legal to spend County funds on the Lovelock Indian Colony. Matter referred to Mr. Donald Pope, Inter-Tribal Council of Nevada, Inc., attorney. Mr. Pope advised the District Attorney, Mr. Richard Wagner, that there were no legal barriers that could not be dealt with and that discrimination would not exist if services provided were expressly available to all citizens of the County just as services in town were available to Colony residents.

ADDITIONAL COMMENTS:

The decision to request these funds again is now up to the Lovelock Tribal Council.

In addition to the request for funds to start a Senior Citizens Center in the Colony, we also requested four (4) additional street lights. The County has easements on the roads in the Colony and pay the utility bills for the existing street lights. We received approval to have the street lights installed earlier, but, with the request for funds to start our Senior Citizens Center, we opened a new can of beans. We are hopeful in having all this straightened out in the near future, as the Lovelock Tribal Council has always had a good working relationship with the City and County Officials.

One of the main reasons for wanting our own Senior Citizens Center is that our elderly feel more comfortable with other Indians and have their own preference in social and recreational activities.

PLEASE RETURN PRIOR TO NOVEMBER 18, 1977, TO:

NATIONAL INDIAN CONFERENCE ON AGING
NATIONAL TRIBAL CHAIRMEN'S ASSOCIATION
P.O. BOX 2088
ALBUQUERQUE, N.M. 87103

NATIONAL INDIAN CONFERENCE ON AGING
NATIONAL TRIBAL CHAIRMEN'S ASSOCIATION

Name of Tribe/Alaskan Native Community/Indian Organization
Te-Moak Bands of Western Shoshone Indians

Mailing Address P.O. Box 1607
Elko, Nevada 89801

Telephone (702) 738-3708

Name of person submitting this report Larry Piffero

Title Sub-Chief

Date Oct 28, 1977

Number of persons in service population who are:

Between 50 and 55 (   ) 55-60 (24) 60 and over (101)

Are you now receiving funding for services to the elderly?

(x) Yes (   ) No

If yes, from what Agency?

(x) Tribe (   ) ANA (ONAP) (   ) Title XX (PSA) (   ) HUD (   ) CSA

(x) State Agency on Aging (   ) Area Agency on Aging

(   ) Other (please describe)

What services are you currently providing for the elderly in your community?

(   ) Housing (x) Nutrition (   ) Senior Center (x) Transportation (including escort service)

(   ) Homemaker, Laundry, Shopping, Housecleaning (cross out what does not apply)

(   ) Security patrol service, telephone reassurance

(   ) Other (please describe)

What services for the elderly are most needed in your community? (Please describe)

Recreation center in Colony locally - tribal own, transportation service, own lunch program: expand arts & crafts & etc.

(Over)

Have you tried to obtain funding for these services?

(x) Yes ( ) No

If yes, from what agency? UMTA - State Highway Dept.

What was the reason given for not funding your project? Application submitted to above

ADDITIONAL COMMENTS:

We are a satellite program under the Retired Senior Volunteered Program in Elko, funded under the State Division of Aging Services, Carson City, Nevada. A food nutrition is provided at the Indian Colony's Arts and Crafts Building. We have just completed a minor home repair project for the tribal elders for Elko Colony, Battle Mountain Colony, and South Fork Reservation.

We are a member of the State Inter-Tribal Council which is a cohalition of 23 colonies/reservations. The I.T.C. has a Senior Citizens Program which we receive assistance on a large basis program, such as this. The individual senior is not receiving the adequate services so intended.

What we propose to do is to increase our lunch program of the participating elders for the three areas designating Elko Colony as the pilot project. This way we can assure the proper services of existing programs and increase assistance to our tribal elders.

We appreciate all assistance from your office to up-grade not only economically but socially of our forgotten tribal elders.

PLEASE RETURN PRIOR TO NOVEMBER 18, 1977, TO:

NATIONAL INDIAN CONFERENCE ON AGING
NATIONAL TRIBAL CHAIRMEN'S ASSOCIATION
P.O. BOX 2088
ALBUQUERQUE, N.M. 87103

PLANNING STRATEGY FOR ACTION

The recommendations for action made at the National Indian Conference on Aging have nationwide validity and illustrate the caliber of input participants were prepared to provide. However, to plan our future strategy, continued input is needed from you. You can help by providing answers to the following questions:

What impact has the Older American Act of 1965, as amended, had in your community? The Older Americans Act has worked a hardship on our older people through the SSI program. We have large amounts of over-payments due to money received from Trust Land. We need H.R. 9532 passed. (Exempt Trust Income) Rep. Melcher, Montana

What federal resources are reaching Older American Indians in your community? Average of $8,000,000 to $12,000.00 per annum Federal Money. Approx. $4,000.00 per annum State Money Mostly lower on the State money.

Is the funding for the above programs from:

A. State Agency on Aging X

B. Area Agency on Aging X

C. Community Services Administration ______

D. Social Security Administration ______

E. Other Tribe (Utes)

Allocation of resources under the Older Americans Act of 1965, as amended, is channelled through State and/or Area Agencies on Aging. Is there a fair allocation of these resources to Indian tribes and organizations in your state? Yes

Should the older American Indian programs be funded directly by the Administration on Aging to the Indian tribes and organizations in your state? If we would get less then we would have to say No!

What are background/status of each identified Older American Indian program in your community? What services are provided? How are they funded? Funded by the Ute Tribe, Federal Gov't and State Gov't Coord. and Del of Existing Services. Pooling of existing but untapped resources. Support Services and Gap Filling Services

What is the status of older American Indians in your community? Good

Their income? Varies – 2,500 to 32,000

Their environment? good

Their legal problems? not many

Their physical well-being? good

Do you have any recommendations for changes in policy — in regulations — in administrative procedures — in the Older Americans Act of 1965, as amended? No

Do you think the minimum age at which Indians are eligible for services to the elderly should be lowered? To what age — 55, 50, 45? 55

What is the number of Indian elderly in your community: 203 *

45-54 49 55-59 43 60 & over 109

What You Can Do to Help Us Serve the Indian Elderly

Identify specific problems and issues by letter, reports and/or resolutions. These statements should provide accurate information on:

1. The problem — What? Where? When? Who? How?
2. Your recommendation for action.

When you contact us, we will do the following:

- —You will receive prompt acknowledgement of your input.
- —Assistance by telephone may be provided, if possible.
- —Problem areas will be brought to the attention of service provider agencies, Congressional delegates, National Indian organizations, and any other groups or individuals able to assist.
- —Your input becomes a part of the records and recommendations on which NICOA actions and future planning are based.
- —Remember, recommendations or complaints dealing with Indian elderly problems and/or recommendations for changes in policy will be more effective if they are **specific** about issues, objectives, conclusions, and include case histories or examples!

Name of Preparer: /s/ Robert E. Holmes

Title Director, Ute-Ouray Area Agency on Aging

Address Box 67
Fort Duchesne, Utah 84026

Name of tribe and/or organization Ute

(Use plain paper for additional comments)

---

* This count varies, some die and some come of age. We try to up-date our roll each quarter.

PORTLAND AREA

Nez Perce Tribe (Smithsonian Institution, National Anthropological Archives)

Affiliated Tribes of Northwest Indians

RESOLUTION 1977—17

WHEREAS, the Affiliated Tribes of Northwest Indians has been distressed and concerned about the inadequacy of supportive services provided to the American Indian and Alaska Native Elderly through the existing service system, and

WHEREAS, where such services are being provided, they generally follow criteria established for members of the non-Indian population, which do not fulfill the needs of the Indian Elderly to live out their lives according to their own accustomed cultural, emotional and nutritional needs, and

WHEREAS, the elected governments of the American Indians and Alaska Natives communities represent the principle of the inherent sovereignty of the American Indian Tribes and Alaska Native entities, which has been acknowledged and affirmed by the Government of the United States, and

WHEREAS, the elected governing bodies of the American Indian entities represent legally constituted units of general purpose local Governments, and

WHEREAS, there exist legal precedents to the recognition of such tribal Governments for purposes of prime sponsorship of federally funded programs in such Legislative acts as the Comprehensive Employment and Training Act, the Revenue Sharing Act, etc.

NOW, THEREFORE, BE IT RESOLVED, that the Affiliated Tribes endorses and supports the efforts of the National Indian Council on Aging (NICOA) to have provisions included in the 1978 Older Americans Act amendments for direct funding of federally recognized American Indian Tribes and Alaska Native entitlies under all appropriate titles of the Older Americans Act at the option of the respective Tribal Governments and on the basis of locally determined need, rather than based on a standard per capita formula,

BE IT FURTHER RESOLVED, that the Affiliated Tribes urges the United States Congress to support the passage of the above amendment, including the establishment of a definite Indian set-aside with the provision that, in no event, shall any American Indian Tribe be entitled to less funds than they would have received under the current system of services under the Older Americans Act.

CERTIFICATION

The foregoing Resolution has been adopted at the Annual Convention of the Affiliated Tribes of Northwest Indians, August 24, 25, 26, 1977 at the Sheraton Hotel, Spokane, Washington.

/s/ Skip Skanen
Executive Director

/s/ Patrick H. Lefthand
President

National Indian Conference on Aging
Portland Area — Region X Meeting
Yakima, Washington—June 9, 1977

The meeting was called to order by Pearl Warren, Coordinator for the Region X Indian Council on Aging sponsored by the National Tribal Chairmen's Association.

The invocation was given by Nettie Shawaway, Warm Springs, and Mary Dick John, Yakima.

Leonard Tomaskin, Yakima Region X Representative —National Indian Council on Aging Board member, welcomed the delegates.

Al Folz, Department of Indian Health, was the first speaker. He spoke about services for Indian people on and off reservations and the questions to him were: How can they improve services to the Indian elderly? How about cards for identification so that they could go to any contract doctor or hospital if they should become ill? They felt some of us were being deprived of our Treaty Right since the treaties do not state that we have to live in a certain place. They asked about training for CHRs to take care of the elderly Indians so they would have a better understanding of the problems of the elderly, and they asked for D.I.H. doctors who would also have some knowledge of Genetology (sic) and they wanted to have some input in any changes of eligibility.

A Representative from Social Security office was the next speaker and he told about Social Security supplement, and emphasized the need for reporting any lease or per capita money. He reported that there are alot of Indians who are eligible for the supplement who do not apply. He tried to explain the difference between the so-called green checks and gold checks. Green is the regular Social Security check and the gold is supplement. There were questions about age eligibility, etc.

Mr. Charles Reed, Chief of the Department of Social and Health Services, State Office of Aging, told of the things that are being made available for the elderly. Some of these are: Homemakers services, help for crippled Indians who need help at home, home health services and homes on Reservations. Some areas can work with local health nurses in urban areas. Title VII is the National Nutriton program which provides meals where needed. Title XII is to train people to work with older people and older people to meet socially.

Mr. Vincent Little, new Portland Area Director of the Bureau of Indian Affairs, spoke to the delegates at the lunch hour.

Reconvened and Juana Lyon, Executive Director of the National Indian Council on Aging, gave a report on what the National Indian Council on Aging has accomplished and what they hope to achieve in the future and the need for input from the Indian people themselves so they will be directed on what to do.

A small committee chaired by Joseph Cloquet got together and wrote the objectives. It was presented to the group, discussed and a motion was made by Oliver Jackson, Quileute, seconded by Meredith Parker, Makah, and passed unanimously.

Meeting adjourned at 4:00 p.m.

Yakima, Washington
June 9, 1977

NATIONAL INDIAN CONFERENCE ON AGING
Portland Area, Region X Meeting

Statement of Goals and Objectives:

To provide to the Indian elderly to live the rest of his life in good health, decency, dignity and independence.

That we will implement our goals through legislative action so that our elderly will receive the supportive services for which he is eligible, and that our local tribal governments and organizations will be flexible to achieve our goals.

To achieve these goals, we shall initiate persuasive action toward obtaining necessary funding and services to be rendered by all federal, state, and local agencies encompassed within the vast realm of programs participating in assistance to the aged citizens of this nation. Heavy emphasis should be taken toward direct federal funding.

Pearl Warren (Makah), Member, Board of Directors, National Indian Council on Aging

NATIONAL INDIAN CONFERENCE ON AGING
NATIONAL TRIBAL CHAIRMEN'S ASSOCIATION

Name of Tribe/Alaskan Native Community/Indian Organization
Nez Perce Tribe of Idaho

Mailing Address P.O. Box 118
Lapwai, Idaho 83540

Telephone 208 - 843-2839

Name of person submitting this report Walter McAtty

Title Nutrition Project Director

Date 11-8-77

Number of persons in service population who are:

Between 50 and 55 ( ) 55-60 ( ) 60 and over (250)

Are you now receiving funding for services to the elderly?

(x) Yes ( ) No

If yes, from what Agency?

( ) Tribe ( ) ANA (ONAP) ( ) Title XX (PSA) ( ) HUD ( ) CSA

(x) State Agency on Aging ( ) Area Agency on Aging

( ) Other (please describe)

What services are you currently providing for the elderly in your community?

( ) Housing (x) Nutrition ( ) Senior Center (x) Transportation (including escort service)

( ) ~~Homemaker, Laundry, Shopping, Housecleaning~~ (cross out what does not apply)

( ) ~~Security – patrol service, telephone reassurance~~

( ) Other (please describe) Outreach

What services for the elderly are most needed in your community? (Please describe)

Homemaker: This was discussed at previous meetings and is definite need for our Elderly.

(Over)

Have you tried to obtain funding for these services?

( ) Yes (x) No

If yes, from what agency? ____________________

What was the reason given for not funding your project? ____________________

ADDITIONAL COMMENTS:

PLEASE RETURN PRIOR TO NOVEMBER 18, 1977, TO:

NATIONAL INDIAN CONFERENCE ON AGING
NATIONAL TRIBAL CHAIRMEN'S ASSOCIATION
P.O. BOX 2088
ALBUQUERQUE, N.M. 87103

NATIONAL INDIAN CONFERENCE ON AGING
NATIONAL TRIBAL CHAIRMEN'S ASSOCIATION

Name of Tribe/Alaskan Native Community/Indian Organization
Shoshone-Bannock Tribes Nutrition Program

Mailing Address P.O. Box 306
Fort Hall, ID 83203

Telephone 237-0405

Name of person submitting this report Nellie Broncho

Title Director

Date 10-28-77

Number of persons in service population who are:

Between 50 and 55 ( ) 55-60 ( ) 60 and over (256)

Are you now receiving funding for services to the elderly?

(x) Yes ( ) No

If yes, from what Agency?

( ) Tribe ( ) ANA (ONAP) ( ) Title XX (PSA) ( ) HUD ( ) CSA

(x) State Agency on Aging ( ) Area Agency on Aging

( ) Other (please describe)

What services are you currently providing for the elderly in your community?

( ) Housing ( ) Nutrition ( ) Senior Center (x) Transportation (including escort service)

( ) Homemaker, Laundry, Shopping, Housecleaning (cross out what does not apply)

( ) Security – patrol service, telephone reassurance

( ) Other (please describe)

What services for the elderly are most needed in your community? (Please describe)

Housing and housing repairs, a nursing-convalescent home, a senior citizens center, Homemaker, housecleaning, security, legal services.

(Over)

Have you tried to obtain funding for these services?

( ) Yes (x) No

If yes, from what agency? ______________________________

What was the reason given for not funding your project? ______________________________

The Indian reservations in this state receive only Title VII monies, which covers food and transportation, no other services.

ADDITIONAL COMMENTS:

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NATIONAL INDIAN CONFERENCE ON AGING
NATIONAL TRIBAL CHAIRMEN'S ASSOCIATION

Name of Tribe/Alaskan Native Community/Indian Organization
Lower Elwha Tribal Community Council

Mailing Address 105½ East First Street
Port Angeles, Washington 98362

Telephone 457-7902

Name of person submitting this report Theresa Rose Kline Ollom

Title Homemaker 1

Date November 3, 1977

Number of persons in service population who are:

Between 50 and 55 (12) 55-60 (9) 60 and over (5)

Are you now receiving funding for services to the elderly?

(x) Yes ( ) No

If yes, from what Agency?

(x) Tribe ( ) ANA (ONAP) (x) Title XX (PSA) ( ) HUD ( ) CSA

( ) State Agency on Aging (x) Area Agency on Aging

( ) Other (please describe)

What services are you currently providing for the elderly in your community?

( ) Housing (x) Nutrition ( ) Senior Center (x) Transportation (including escort service)

(x) Homemaker, ~~Laundry~~, Shopping, Housecleaning (cross out what does not apply)

(x) Security — patrol service, telephone reassurance

( ) Other (please describe) Weatherization, Smoke Decetor Program, Native American Dinners

What services for the elderly are most needed in your community? (Please describe)

Health Screening, Van and Transportation, Senior Recreation Program, In-home services, Minor Home Repair, Nutrition Program.

(Over)

Have you tried to obtain funding for these services?

(x) Yes ( ) No

If yes, from what agency? Olympic Area Agency on Aging

What was the reason given for not funding your project? We are receiving funds for the Nutrition Program and have received funding for the Smoke Detector Program for this year. We are presently putting in our bids for the upcoming year.

ADDITIONAL COMMENTS:

PLEASE RETURN PRIOR TO NOVEMBER 18, 1977, TO:

NATIONAL INDIAN CONFERENCE ON AGING
NATIONAL TRIBAL CHAIRMEN'S ASSOCIATION
P.O. BOX 2088
ALBUQUERQUE, N.M. 87103

NATIONAL INDIAN CONFERENCE ON AGING
NATIONAL TRIBAL CHAIRMEN'S ASSOCIATION

Name of Tribe/Alaskan Native Community/Indian Organization
Lummi Indian Tribe

Mailing Address 2616 Kwina Rd.
Bellingham, Wash. 98225

Telephone 734-8180

Name of person submitting this report Paul C. Ritchie

Title Asst. Administrator, Integrated Services

Date 11-3-77

Number of persons in service population who are:

Between 50 and 55 (80) 55-60 (60) 60 and over (110)

Are you now receiving funding for services to the elderly?

(x) Yes ( ) No

If yes, from what Agency?

(x) Tribe ( ) ANA (ONAP) ( ) Title XX (PSA) ( ) HUD ( ) CSA

( ) State Agency on Aging (x) Area Agency on Aging

( ) Other (please describe)

What services are you currently providing for the elderly in your community?

(x) Housing (x) Nutrition (x) Senior Center (x) Transportation (including escort service)

(x) Homemaker, Laundry, Shopping, Housecleaning (cross out what does not apply)

( ) Security – patrol service, telephone reassurance

( ) Other (please describe) Senior Employment Program - very minimal

What services for the elderly are most needed in your community? (Please describe)
TRANSPORTATION
I don't necessarily see a problem with services. I see the problem with level of services. We receive minimum services due to population criteria. The need is great but that is never taken into consideration. They always service a token minority population to address the minority compliance.

(Over)

Have you tried to obtain funding for these services?

(x) Yes ( ) No

If yes, from what agency? Rural Highways Commission Urban Mass Transportation Adm., Area Agency on Aging

What was the reason given for not funding your project? We aren't urban area. Rural Highways has no money, there are limited funds in Area Agency but we, a population of 200 usually compete with populations of 13,000 or more. So, who loses?

ADDITIONAL COMMENTS:

Legislation and Legislators need to be hammered at constantly and consistently to bring pressure on the Administration on Aging so that the need criteria, income criteria and minority criteria will carry more weight in Indian Aging Programs. We need those strong lobbying and pressure groups to force these purse-string agencies to unloose some more monies for Indian Senior Programs.

PLEASE RETURN PRIOR TO NOVEMBER 18, 1977, TO:

NATIONAL INDIAN CONFERENCE ON AGING
NATIONAL TRIBAL CHAIRMEN'S ASSOCIATION
P.O. BOX 2088
ALBUQUERQUE, N.M. 87103

NATIONAL INDIAN CONFERENCE ON AGING
NATIONAL TRIBAL CHAIRMEN'S ASSOCIATION

Name of Tribe/Alaskan Native Community/Indian Organization Tulalip Tribes

Mailing Address Tulalip Tribes
6700 Totem Beach Road
Marysville, WA 98270

Telephone 659-6257

Name of person submitting this report Gloria St. Germaine

Title Community Health Representative

Date

Number of persons in service population who are:

Between 50 and 55 (20) 55-60 (16) 60 and over (64)

Are you now receiving funding for services to the elderly?

(x) Yes ( ) No

If yes, from what Agency?

(x) Tribe ( ) ANA (ONAP) (x) Title XX (PSA) ( ) HUD (x) CSA

(x) State Agency on Aging ( ) Area Agency on Aging

( ) Other (please describe)

What services are you currently providing for the elderly in your community?

(x) Housing (x) Nutrition (x) Community Center Senior Center (x) Transportation (including escort service)

( ) Homemaker, Laundry, Shopping, Housecleaning (cross out what does not apply)

( ) Security – patrol service, telephone reassurance

( ) Other (please describe) Help with legal problems - Bingo games twice weekly - trips - blood pressures - vision screening

What services for the elderly are most needed in your community? (Please describe)

Tools to help them with their special abilities. To help supplement their small income, AE crafts, refinishing, repair work. This will also help them to feel useful again.

(Over)

Have you tried to obtain funding for these services?

( ) Yes (x) No We are still assessing the need, and skills available

If yes, from what agency?

What was the reason given for not funding your project?

ADDITIONAL COMMENTS:

PLEASE RETURN PRIOR TO NOVEMBER 18, 1977, TO:

NATIONAL INDIAN CONFERENCE ON AGING
NATIONAL TRIBAL CHAIRMEN'S ASSOCIATION
P.O. BOX 2088
ALBUQUERQUE, N.M. 87103

NATIONAL INDIAN CONFERENCE ON AGING
NATIONAL TRIBAL CHAIRMEN'S ASSOCIATION

Name of Tribe/Alaskan Native Community/Indian Organization
SMALL TRIBES ORGANIZATION OF WESTERN WASHINGTON

Mailing Address P.O. BOX 578
SUMNER, WA 98390

Telephone (206) 593-2894

Name of person submitting this report LOIS KNOWLES

Title COORDINATOR, COMMUNITY FOOD & NUTRITION PROGRAM

Date November 16, 1977

Number of persons in service population who are:

Between 50 and 55 (2,695) 55-60 (4,235) 60 and over (588)

Are you now receiving funding for services to the elderly?

(x) Yes ( ) No

If yes, from what Agency?

( ) Tribe ( ) ANA (ONAP) ( ) Title XX (PSA) ( ) HUD (x) CSA

( ) State Agency on Aging ( ) Area Agency on Aging

( ) Other (please describe)

What services are you currently providing for the elderly in your community?

( ) Housing (x) Nutrition ( ) Senior Center ( ) Transportation (including escort service)

( ) Homemaker, Laundry, Shopping, Housecleaning (cross out what does not apply)

( ) Security – patrol service, telephone reassurance

( ) Other (please describe)

What services for the elderly are most needed in your community? (Please describe)

All of the above would benefit the elderly in our area.

(Over)

Have you tried to obtain funding for these services?

(   ) Yes (x) No

If yes, from what agency? ______________________________

What was the reason given for not funding your project? ______________________________

____

____

ADDITIONAL COMMENTS:

SMALL TRIBES OF WESTERN WASHINGTON (STOWW) is made up of 18 small tribes of Western Washington, and my Community Food & Nutrition Program (CENP) assists with the set up of Community Services Administration (CSA) funded nutrition programs for the tribal people, including the elderly.

At this time we have three (3) FOOD BANKS, three (3) DIRECT FEEDING PROGRAMS (Elderly & Youth), Eight (8) COMMUNITY GARDENS and Four (4) Smokehouses. Hopefully in the future we will be able to assist the elderly with more of their needs to include: housing, transportation, homemaking services, etc.

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NATIONAL TRIBAL CHAIRMEN'S ASSOCIATION
P.O. BOX 2088
ALBUQUERQUE, N.M. 87103

NATIONAL INDIAN CONFERENCE ON AGING
NATIONAL TRIBAL CHAIRMEN'S ASSOCIATION

Name of Tribe/Alaskan Native Community/Indian Organization Small Tribes Organization of Western Washington

Mailing Address S.T.O.W.W.
P.O. Box 578
Sumner, Washington 98390

Telephone (206) 593-2894

Name of person submitting this report Jean Culjak Shaffer

Title Economic Planner

Date October 27, 1977

Number of persons in service population who are: please see Additional Comments

Between 50 and 55 ( ) 55-60 ( ) 60 and over ( )

Are you now receiving funding for services to the elderly?

( ) Yes (x) No

If yes, from what Agency?

( ) Tribe ( ) ANA (ONAP) ( ) Title XX (PSA) ( ) HUD ( ) CSA

( ) State Agency on Aging ( ) Area Agency on Aging

( ) Other (please describe)

What services are you currently providing for the elderly in your community?

( ) Housing ( ) Nutrition ( ) Senior Center ( ) Transportation (including escort service)

( ) Homemaker, Laundry, Shopping, Housecleaning (cross out what does not apply)

( ) Security – patrol service, telephone reassurance

( ) Other (please describe) We are providing no services specifically aiding the elderly; they are eligible, however, for Community Food and Nutrition assistance along with other age groups.

What services for the elderly are most needed in your community? (Please describe)

(1) health and medical, (2) food and nutrition, (3) housing and (4) transporpation

(Over)

Have you tried to obtain funding for these services?

(x) Yes ( ) No

If yes, from what agency? HUD (housing) and HEW (health maintenance)

What was the reason given for not funding your project? __________

ADDITIONAL COMMENTS:

Unfortunately, the age data which we have for the eighteen (18) member tribes of the Small Tribes Organization of Western Washington are not divided into the same age groups requested in the questionnaire. Our best estimate of the number of aged in our service population is as follows (1976 statistics):

45 - 64 years:	1,700	14.4%
65 years or over:	1,000	8.4%
Total service population:	11,866	100.0%

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NATIONAL TRIBAL CHAIRMEN'S ASSOCIATION
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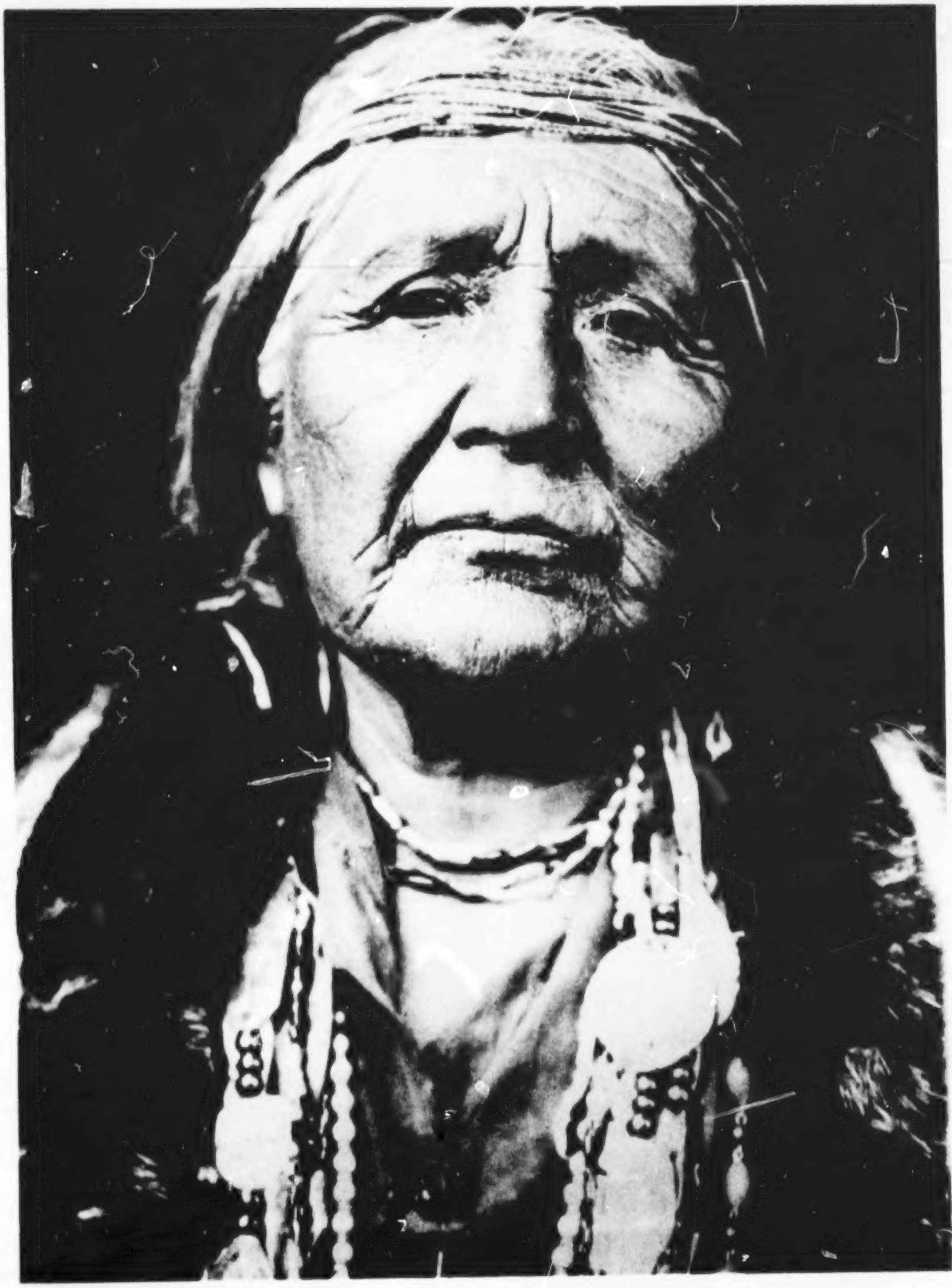
ALBUQUERQUE, N.M. 87103

SACRAMENTO AREA



Hoopa Tribe

(Smithsonian Institution, National Anthropological Archives)

page 560 blank

SUBJECT: Report of Sacramento
Area Meeting on
"California Elderly Indian"

PLACE: El Cortez Hotel
San Diego, California

DATE: August 18, 1977

I. Meeting convened at 10:30 a.m., August 18, 1977

II. Opening Remarks: Coordinator-Henry N. Rodriguez

III. Round Table Discussion:

Individuals present decided to have a round-table discussion and to proceed with the conference obligations.

IV. Purpose of Conference:

1. To inform the people of the progress that is being accomplished since the first "National Indian Conference on Aging" held in Phoenix, Arizona on June 15, 1976, Summary Report.
2. State responsibilities and assurances.
3. Pending legislation—Amendment to Bill on Elderly.
4. Assessment of local needs in relationship to State, County, and Federal Agencies.
5. Inform the State that the California Elderly are in accordance with the Phoenix Conference on Aging, and the White House Conference on Aging.
6. Plans of action to be taken.
7. Dissemination of information, conference results, and reports to central office. Aging conference sponsored by the National Tribal Chairmen's Association.

V. The packet material was presented and the main points reviewed and discussed.

VI. Results of Meeting on Aging held on August 18, 1977, at the El Cortez Hotel, San Diego, California.

1. Delegates present representing the Elderly unanimously endorse the actions taken this day.
2. That we report to Central Office of the National Indian Council on Aging, Albuquerque, New Mexico, and inform the State of California that the Delegates present support the objectives of the American Indian National Policy on Aging.
3. Establish an Organization, with appropriations, in the State of California for the purpose of meeting the needs of the Elderly Indian by:
   - a. Establishing a communication system to include a newsletter, phones, xerox, meetings, and quarterly meetings with appropriate offices and staff.
   - b. To be an advocate for the Elderly Indian by Legislation, implement programs, coordination between the Elderly and respective agencies, implement task forces and planning committees when needed.
   - c. Develop Indian area offices for program responsibility.
4. That the Elderly Indians get direct funding from all agencies concerning the Aged, Older Americans Act, HUD, HEW, DOL, DOT, U.S. Department of Agriculture, etc.
5. Transportation be provided as related to the Elderly in:
   - a. Rural areas
   - b. Medical care
   - c. Outings
   - d. Recreation
   - e. Title VII participants
6. That financial assistance be based on needs and not on head count.
7. That the State and agencies on all levels be made sensitive to the condition and status of Indians. There is a complete lack of sensitivity of the agencies to the unique situations of the California Indians.
8. That it is the responsibility of the local delegates on aging to establish a contact person for coordination of information and for the development of Elderly programs on the California area level.
9. That Lorena Dixon present testimony on behalf of the American Indians at the "Congressional Hearing of Testimony on Aging" to be held at USC Los Angeles, on August 23, 1977.

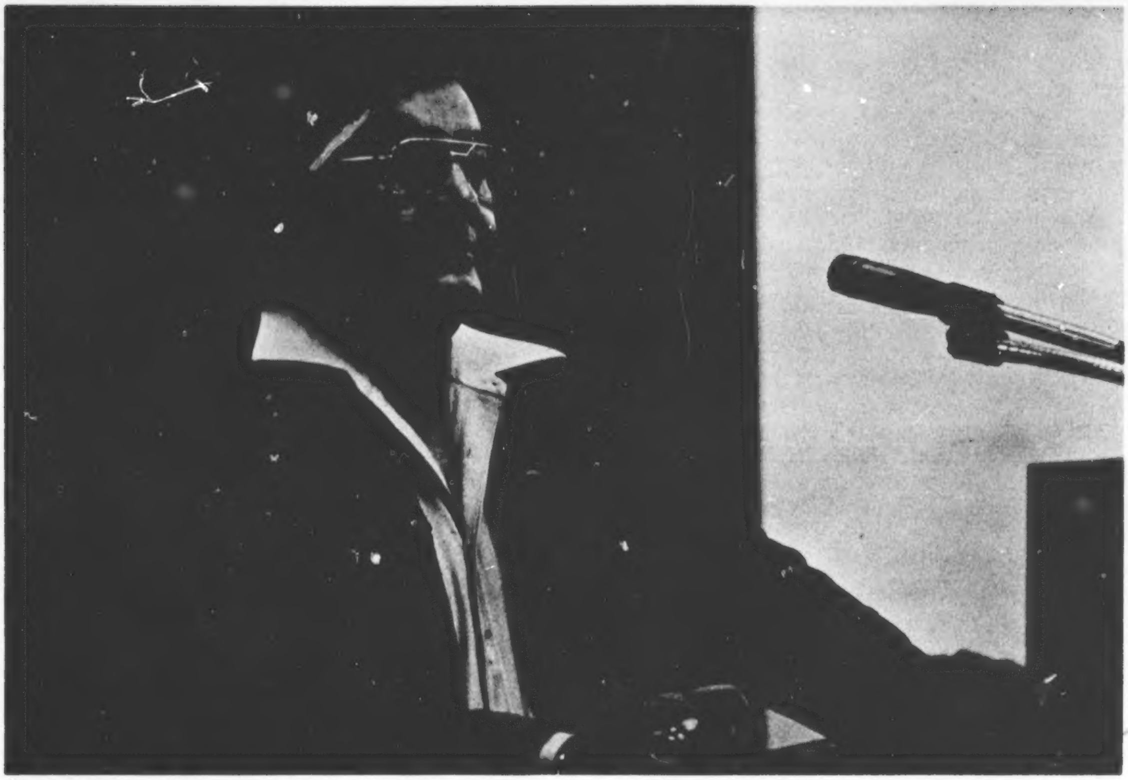
   Points to consider in stressing:
   - a. Communication, major problem in lack of sensitivity of the agencies to the unique situations and status of the Indians in respect to the Federal Government.
   - b. Financial assistance should be based on needs assessments and not on a headcount.
   - c. Lack of involvement by the Indians.
   - d. Indian sovereignty (recognized) by State.

Attachment—Lorena Dixon Testimony

10. That the informational packet on Aging be sent to the:
    - a. Tribal Chairmen

b. Newsletters and others, Wassaja, Akwesasne, Talking Leaf, Take Ten, ITCC, Spokesman, etc.

c. That Juanita Dixon, ITCC Director Area 5, publish Aged information on ITCC spokesman.



George Effman (Klamath-Karok), Chairman, National Indian Council on Aging

Testimony of Lorena Dixon Before the Subcommittee on Housing and Consumer Interests of the House Select Committee on Aging Los Angeles, California

August 23, 1977

Dear Mr. Chairman and distinguished members of the committee: My name is Lorena Dixon. I am a member of the Pauma Indian Reservation as well as a member of the National Indian Council on Aging, representing the Sacramento Area. I hereby submit this testimony for the record.

Testimony

For many years Indians have been neglected, bypassed, and overlooked, particularly our Indian elderly, in services that are being provided by the Federal Agencies. Here in California this neglect is obvious for Claude Devers, another NICOA member representing Sacramento, has actually visited, contacted, spoken with, and ate with many of the Indian elderly on the reservations in Southern California to determine if they were receiving any assistance from various service agencies.

We believe the major problem in California is a lack of communication between the Indian elderly and the federal agencies and the State area agencies on aging. Consequently, the Indian elderly do not know what is available from the State or federal agencies; nor do the service agencies know the needs of the Indian elderly.

It appears that the State does not want to know the needs of the California Indian elderly. Their needs are diverse—remedies or solutions must be found for isolation, transportation, home health care are just a few items that must be confronted.

We strongly maintain that the needs of the individual be spoken to, whether that individual lives on an isolated reservation or in the midst of other elders in an "old folks home". Therefore, a need assessment rather than a head count should determine the services rendered to the elderly within Indian Country. This approach we believe would be closer in intent to treaties, legislative actions, and presidential commitments to Indian self-determination.

At this time I would like to introduce to you the main topic of my statement: DIRECT FUNDING. I am recommending to this committee that Congress pass legislation directing all Federal agencies to fund directly Indian tribes, bands, and organizations.

Mr. Chairman, in your packet there is a document concerning improvement of services to elderly Indians betweeen the Department of H.E.W. and the Department of Transportation.*

Thank-you for the opportunity to speak.

---

* Included on Page 199 of the Appendix.

Lorena Dixon (Luiseño-Pauma), Member, National Indian Council on Aging

Testimony of Claude Devers at a Public Hearing by the Health and Welfare Agency (State of California) Pertaining to the Status of American Indians in California

June 17, 1977

MR. CHAIRMAN AND MEMBERS OF THE COMMITTEE:

My name is Claude Devers. I'm a member of Mesa Grande Indian Reservation located in the North County of San Diego, California. I'm also a member of the National Indian Council on Aging - Southern California representative, and I hereby submit this testimony for the record.

MR. CHAIRMAN:

In my many visits to the reservations in Southern California, I found a total lack of knowledge of programs for the Indian elderly, particularly elderly programs of the State. There is absolutely no excuse for the State to by-pass, overlook or completely ignore the Indian situation in California. In my opinion, it's a gross injustice to implement a program without consultation with the Indian elderly or Tribal Councils. For example, under contract with the State, Intertribal Council of California has implemented a Title VII Nutrition Program throughout the State; in Southern California there are two nutrition sites for approximately 30 reservations. To my knowledge there are no Title III funds throughout the 30 reservations.

MR. CHAIRMAN, I would like to call your attention to Attachment #1. This Memorandum is from HEW, Office of the Secretary - Office of Human Development - Administration on Aging, dated May 10, 1976. Subject: Statement of Understanding concerning improvement of Services to Elderly American Indians.[1]

Now turn to Page 2, 1st paragraph. Now turn to the Section titled: Statement of Understanding, 1st paragraph.

Background (Read)
Page 3 - Objective One: (Read)
Page 4 - Objective Two: (Read)
Page 6 - Objective Three: (Read)
Page 8 - Objective Four: (Read)

MR. CHAIRMAN, Now if you would turn to Attachment #2, Item #2. *Basic Information*, 2nd paragraph: (Read)

The purpose of my citing specific items in these memorandums is to bring out a number of issues that concern this hearing. For example, if you would turn to the back of page 3—this reflects the amount of funding to the States and Regions. If you will note: Region IX California allocations for Title III for California Indians is $46,000; Title VII is $585,000.

Now, MR. CHAIRMAN, if you would look back at the first page of this memo, the paragraph - (Read)

RECOMMENDATIONS

1. That the California State Agency on Aging signs off for direct funding to Indian Tribes, Bands or Indian Organizations. If not feasible, then:
2. California State Agency on Aging allocate to Indian Tribes, Bands or Indian Organizations appropriate funding of Title III of the AoA Act of 1965 to establish three (3) Area Agencies on Aging throughout the State in Indian Country to determine (1) headcount (2) needs assessment (3) develop a service system in all areas of services for the elderly (4) establish nutrition sites of Title VII
3. Develop within the State Office on Aging an Indian Office that would adequately document for the State all information from the three (3) Indian AAA's.

In my meetings with the Indian Elderly in So. Cal. area, these were some of the questions posed to me, and now I bring these questions to you, Mr. Obledo.[2]

1. Why hasn't the state told us that monies were available?
2. How much funds are available to us?
3. What has happened to these funds if they were not given to the Indian Elderly?
4. How do we get these funds?
5. How many years has this been going on?
6. Can we sue the State for misappropriation of funds?

---

[1] Included on p. 199.

[2] Mario G. Obledo, Secretary
Health and Welfare Agency
State of California

Mr. Obledo, I have tried several times to contact you concerning this issue and you have not responded. I did contact Mr. Dale Risling of your office and we did discuss this.

Mr. Obledo, I want to thank you for allowing me to bring this issue to you at this hearing. If there's any question I would be happy to respond.

Thank you,

/s/ Claude Devers

Member, National Indian
Council on Aging

Claude Devers (Mesa Grande Band of Mission Indians), Member, National Indian Council on Aging

OFFICE OF THE GOVERNOR
Sacramento, California 95814
Dave Jensen, Assoc. Press Secretary
916-445-4571 5-24-76

RELEASE: Immediate

#186

Gov. Edmund G. Brown Jr. signed the following executive order prior to leaving the state:

EXECUTIVE ORDER B-14-76

WHEREAS, there are presently 197,000 Native Americans residing in the State of California; and

WHEREAS, there is a recognized need for consistent and equitable treatment of Native Americans; and

WHEREAS, there is a special federal-state relationship which should be established for the protection of the rights of the Native American population under both federal and state law;

NOW, THEREFORE, IT IS ORDERED THAT:

The Secretary of Health and Welfare be directed to establish within his Agency the Position of Native American Program Coordinator, whose duties shall be as follows:

(1) To define the relationship between the Native American population and the state and federal governments.

(2) To assure that Native Americans are receiving equitable treatment from agencies of the state government.

(3) To assure that Native American residents of the State of California are receiving all monies which they should be receiving from the federal government, including but not limited to, the National Indian Health Services and the Bureau of Indian Affairs.

IT IS FURTHER ORDERED THAT:

All state departments and agencies are instructed to comply with such actions as are necessary to carry out this Executive Order.

IN WITNESS WHEREOF, I have hereunto
set my hand and caused the Great Seal
of the State of California to be affixed
this *29th* day of May, Nineteen Hundred
and Seventy-six.

/s/ Edmund G. Brown, Jr.
Governor of California

ATTEST

Secretary of State

NATIONAL INDIAN CONFERENCE ON AGING
NATIONAL TRIBAL CHAIRMEN'S ASSOCIATION

Name of Tribe/Alaskan Native Community/Indian Organization Pit River

Mailing Address Alturas Rancheria
P.O. Box 1035
Alturas, Calif. 96101

Telephone (916) 233-4366

Name of person submitting this report Norma Jean Garcia

Title Chairperson

Date 1-2-77

Number of persons in service population who are:

Between 50 and 55 (1) 55-60 ( ) 60 and over (3)

Are you now receiving funding for services to the elderly?

( ) Yes (x) No

If yes, from what Agency?

( ) Tribe ( ) ANA (ONAP) ( ) Title XX (PSA) ( ) HUD ( ) CSA

( ) State Agency on Aging ( ) Area Agency on Aging

( ) Other (please describe)

What services are you currently providing for the elderly in your community?

( ) Housing ( ) Nutrition ( ) Senior Center ( ) Transportation (including escort service)

( ) Homemaker, Laundry, Shopping, Housecleaning (cross out what does not apply)

( ) Security – patrol service, telephone reassurance

( ) Other (please describe) None

What services for the elderly are most needed in your community? (Please describe)

Nutrition

(Over)

Have you tried to obtain funding for these services?

(x) Yes ( ) No

If yes, from what agency? ITCC

What was the reason given for not funding your project? No money.

ADDITIONAL COMMENTS:

PLEASE RETURN PRIOR TO NOVEMBER 18, 1977, TO:

NATIONAL INDIAN CONFERENCE ON AGING
NATIONAL TRIBAL CHAIRMEN'S ASSOCIATION
P.O. BOX 2088
ALBUQUERQUE, N.M. 87103

NATIONAL INDIAN CONFERENCE ON AGING
NATIONAL TRIBAL CHAIRMEN'S ASSOCIATION

Name of Tribe/Alaskan Native Community/Indian Organization Hoopa Valley Tribe

Mailing Address P.O. Box 817
Hoopa, California 95546

Telephone (916) 625-4691

Name of person submitting this report Ray L. Matilton, Jr.

Title Planning Director

Date November 11, 1977

Number of persons in service population who are:

Between 50 and 55 (26) 55-60 (20) 60 and over (45)

Are you now receiving funding for services to the elderly?

( ) Yes (x) No

If yes, from what Agency?

( ) Tribe ( ) ANA (ONAP) ( ) Title XX (PSA) ( ) HUD ( ) CSA

( ) State Agency on Aging ( ) Area Agency on Aging

( ) Other (please describe)

What services are you currently providing for the elderly in your community?

( ) Housing ( ) Nutrition ( ) Senior Center ( ) Transportation (including escort service)

( ) Homemaker, Laundry, Shopping, Housecleaning (cross out what does not apply)

( ) Security – patrol service, telephone reassurance

( ) Other (please describe)

What services for the elderly are most needed in your community? (Please describe)

Transportation, Housing, Nutrition (Meals on Wheels) and Homemaker Services

(Over)

Have you tried to obtain funding for these services?

(   ) Yes   (x) No

If yes, from what agency? ____________________

What was the reason given for not funding your project? ____________________

ADDITIONAL COMMENTS:

Due to the isolated location of the Reservation, lack of transportation for the elderly is a major problem. Through the efforts of the Tribal Health Chinic, a Field Health unit provides limited transportation for medical services, however, the capacity of this service is restricted by budgetary or regulatory constraints.

PLEASE RETURN PRIOR TO NOVEMBER 18, 1977, TO:

NATIONAL INDIAN CONFERENCE ON AGING
NATIONAL TRIBAL CHAIRMEN'S ASSOCIATION
P.O. BOX 2088
ALBUQUERQUE, N.M. 87103

NATIONAL INDIAN CONFERENCE ON AGING
NATIONAL TRIBAL CHAIRMEN'S ASSOCIATION

Name of Tribe/Alaskan Native Community/Indian Organization SYCUAN BAND OF MISSION INDIANS

Mailing Address 5441 Dehesa Road
El Cajon, CA 92021

Telephone (714) 445-4073

Name of person submitting this report David L. Swallow, Jr.

Title Tribal Business Manager

Date October 26, 1977

Number of persons in service population who are:

Between 50 and 55 (3) 55-60 (2) 60 and over (3)

Are you now receiving funding for services to the elderly?

( ) Yes (x) No

If yes, from what Agency? N/A

( ) Tribe ( ) ANA (ONAP) ( ) Title XX (PSA) ( ) HUD ( ) CSA

( ) State Agency on Aging ( ) Area Agency on Aging

( ) Other (please describe)

What services are you currently providing for the elderly in your community? N/A

( ) Housing ( ) Nutrition ( ) Senior Center ( ) Transportation (including escort service)

( ) Homemaker, Laundry, Shopping, Housecleaning (cross out what does not apply)

( ) Security – patrol service, telephone reassurance

( ) Other (please describe)

What services for the elderly are most needed in your community? (Please describe)

Any and all of the above.

(Over)

Have you tried to obtain funding for these services?

( ) Yes (x) No

If yes, from what agency? We haven't applied for any yet.

What was the reason given for not funding your project?

ADDITIONAL COMMENTS:

We are in the process of grant writing for federal and state assistance.

PLEASE RETURN PRIOR TO NOVEMBER 18, 1977, TO:

NATIONAL INDIAN CONFERENCE ON AGING
NATIONAL TRIBAL CHAIRMEN'S ASSOCIATION
P.O. BOX 2088
ALBUQUERQUE, N.M. 87103

Excerpts from:
Part 1
Developments In Aging: 1976

A Report
of the
Special Committee On Aging
United States Senate

U.S. GOVERNMENT PRINTING OFFICE
WASHINGTON : 1977

SIGNIFICANT STEPS FOR OLDER NATIVE AMERICANS

The first National Indian Conference on Aging was held in Phoenix, Ariz., June 15 to 17, 1976. Sponsored by the National Tribal Chairmen's Association and funded principally by the U.S. Administration on Aging (AoA), this gathering brought together more than 1,000 Indian and Alaskan Native people representing 171 tribes. Participants attended sessions and workshops on income, environment, legal problems, physical well-being, and legislation. A summary of the conference, containing the recommendations of all workshops, was issued in November 1976.[8]

This conference presented an unprecedented opportunity for Indian elders to meet on immediate and long-range issues. An August follow-up meeting of the National Indian Task Force on Aging in Tulsa, Okla., voted to incorporate as the National Indian Council on Aging. The council received a 3-year grant from the AoA on September 30, 1976, and appointed Mrs. Juana Lyon as its executive director. This grant will provide the council with $242,367 in fiscal year 1977 for development of its organizational structure and activities; the grant amounts for the subsequent 2 years should be about the same amount.[9] The council will pursue the recommendations of the conference through advocacy for changes in legislation, service provider policies, and regulations, as well as through intercession on behalf of individual tribes where appropriate. Council officials met in Washington with representatives of Federal agencies involved in Indian services; and legal counsel has been retained to provide expertise and liaison in the Nation's Capital.

Indian Health Care Improvement Act

The first significant action taken by the council was to urge White House approval of the Indian Health Care Improvement Act, S. 522. This legislation was enacted as Public Law 94-437 on September 30, 1976. It resulted from a congressional finding that:

> ...the unmet health needs of the American Indian people are severe and the health status of the Indians is far below that of the general population of the United States....All other Federal services and programs in fulfillment of the Federal responsibility to Indians are jeopardized by the low health status of the American Indian people.[10]

Specifically, the Congress found that further improvement in the health status of Indians was hampered by inadequate, outdated, inefficient, and understaffed facilities, and was further exacerbated by a lack of access due to poor communications and transportation and by a shortage of potable water and sanitary waste disposal facilities. The act declares it to be the national policy to provide a level of health services adequate to provide the highest possible health status to Indians. To this end, it authorizes the following appropriations for the recruitment and education of Indian health professionals, expansion of health services, the construction and renovation of service facilities, and for the establishment of programs to meet the medical needs of Indians residing in urban areas:

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[8] Summary Report, National Indian Conference on Aging, available from the National Indian Council on Aging, P.O. Box 2088, Albuquerque, N. Mex. 87103. $2.

[9] Conversation with Sandra Fisher, Office of Special Projects, AoA, Feb. 8, 1977.

[10] This language is contained in Sec. 2 (d) and (e) of Public Law 94-437.

Authorized Appropriations Under Public Law 94-437, The Indian Health Care Improvement Act

[Fiscal years]

Title and program	Authorized appropriations (millions)		
	1978	1979	1980
Title I—Indian Health Manpower:			
Health professions recruitment program	$0.9	$1.5	$1.8
Health professions, preparatory scholarship program	.8	1.0	1.3
Health professions scholarship program	5.45	6.3	7.2
Indian health service extern program	.6	.8	1.0
Continuing education allowances	.1	.2	.25
Title II—Health services:			
Patient care	(1)	8.5	16.2
Field health	(1)	3.35	5.55
Dental care	(1)	1.5	1.5
Mental health	(1)	3.4	5.075
Maintenance and repair	(1)	3.0	4.0
Alcoholism treatment and control	4.0	9.0	9.2
Title III—Health facilities:			
Hospitals	67.18	73.256	49.742
Health centers and stations	6.96	6.228	3.72
Staff housing	1.242	21.725	4.116
Safe water and sanitary waste disposal facilities	43.0	30.0	30.0
Title V—Health services for urban Indians:			
Contracts with urban Indian organizations	5.0	10.0	15.0
Rural health projects	Not more than 1 percent of the annual authorized appropriations for title V are available for 2 pilot outreach programs for Indians residing in rural communities near reservations.		

(1) All programs except Alcoholism share $10,025,000 in fiscal year 1978.

Note: For titles I, II, and III, there are authorized to be appropriated, for fiscal years 1981-84, such sums as may be specifically authorized by an act to be enacted in the future.

The act also provides for the reimbursement of eligible facilities through the Medicaid program.

Clarification Needed on Categories

The Indian and Native Alaskan populations of the United States now fall into three broad legal groupings:

(a) Federally recognized tribes and Alaska regional corporations whose members may reside on reservations or other trust land, in rural nonreservation areas, or in urban centers;

(b) Indian tribes or groups recognized by a State with members residing on State-recognized reservations, in rural nonreservation areas, or in urban centers; and

(c) Individuals not falling into categories (a) or (b) but nevertheless claiming to be of Indian descent or heritage.

As seen by participants at the Phoenix Conference, the importance of these distinctions lies in the fact that only individuals within category (a) are generally entitled to certain services of the Federal Government. Those benefits are based upon specific commitments made in treaties, laws, and Executive orders, giving substance to the status of federally recognized tribes as quasi-autonomous sovereign entities whose relationship with the central Government takes precedence over the laws of individual States.

Indian individuals falling within categories (b) and (c) depend for their services primarily upon the States, counties, and cities within which they reside. Generally, their eligibility for such services is determined by the same criteria as are applied to the non-Indian populations. While protests about the inequity of the distinctions between federally recognized and other Indians were voiced at the conference, its summary report makes no recommendation as to a resolution and suggests that affected individuals work for a solution through the appropriate judicial and legislative avenues.

A desire for the direct funding of tribes to carry out programs on behalf of elderly Indians was also voiced repeatedly at the Phoenix conference. A step in that direction was taken by AoA in May 1976. An information memorandum[11] issued at that time requires each State with federally recognized tribes within its boundaries to submit an action plan for serving elderly Indians as part of its State plan. The action plan must insure that elderly Indians will receive a level of services under Title III of the Older Americans Act that provides benefits equivalent to those received by non-Indian elderly. If the Commissioner determines that this is not the case, and that tribal members would be better served by a direct grant, the Commissioner shall reserve from sums that would be otherwise allotted to such State for area planning and social services 150 percent[12] of an amount which bears the same ratio to the State's allotment as the population of affected Indians over 60 bears to the total State population aged 60 and older. In a question-and-answer session at the Phoenix conference, AoA Commissioner Arthur Flemming stated that he believed this equivalency ratio should be extended to include Title VII (meal program) activities.

The extension of present policy will not, however, meet the objections which have already been voiced by both tribal and State officials. Indian representatives have expressed the opinion that this allocation of State funds fails to grant recognition to their sovereign status, is administratively cumbersome where tribal residence extends beyond a single State's boundaries, and will benefit large tribes more than small ones.

Some State officials have told the committee that this new policy could cripple current aging programs. For example, direct funding for the 10.6 percent of Arizona's 60-plus population comprised of Indians would mean a 15.9 percent reduction in present State aging funds. These officials also note that the absence of service delivery to Indians often results from a tribe's refusal to deal through the State agency as an assertion of sovereignty. Arizona would have no objection to direct funding if the dollars are not taken from the present State aging budget.[13]

Other Developments

In May 1976, a revised statement of understanding concerning the improvement of services to elderly American Indians was issued.[14] The original agreement had been initiated by AoA and the Office of Native American Programs in October 1975. The revision added four signatories: The Indian Health Service, Public Services Administration, Office of Indian Education, and Department of Transportation. The document commits the six participating agencies to the promotion of better services through expansion of the base of knowledge about elderly Indian needs; the testing of new service modes; the expansion of public awareness; the enlargement of direct tribal and Indian organization involvement; an increased number of Indian professionals in service delivery; and a greater commitment of monetary and personnel resources.

Native American Elders United began to function in 1976. This organization was incorporated the previous year as an outgrowth of the National Council on the Aging's American Indian Caucus. Its purpose is the promotion of a better life for older Indians through the gathering of basic data, the dissemination of information to the general public, and direct appeals to all levels of government. The first step toward this goal was the mailing of a questionnaire to almost 500 tribes asking for identification of the needs and problems of the elderly. NAEU also publishes a quarterly newsletter.[15]

Committee on Aging hearings have included testimony on the needs of older Indians. For example, at an August 18 hearing on "The Rural Elderly" in Sioux Falls, S. Dak., Senator Dick Clark listened to testimony by Jack Claymore,[16] project director at the Cheyenne River Reservation in Eagle Butte. Mr. Claymore has developed a new form of long-term care facility for invalid Indians. His manor house concept provides efficiency apartments and supportive services-on-reservation for Indians who would otherwise have to be placed in distant nursing homes. This enables the residents to obtain vital services, avoid isolation, and remain close to familiar cultural roots.

LOOKING AHEAD TOWARD THE 1985 MID-DECADE CENSUS

The first mid-decade census is scheduled for 1985. It holds out the possibility of timely updating of basic data about Americans while at the same time permitting a breadth of questioning beyond that of the regular census. The Special Committee on Aging believes that the mid-decade census will offer an excellent opportunity for increasing our knowledge of the status of older Americans, particularly minority elderly. It plans to consult with demographic experts and with minority senior representatives with a view toward submitting suggested questions to the Bureau of the Census. Planning for the mid-decade census is scheduled to be finalized during 1980.

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[11] AoA-IM-76-62, May 3, 1976, attachment D. (See p. ••• of this report. Ed.)

[12] A range of 100-150 percent for this situation is required by the 1975 amendments to the Older Americans Act; see 42 U.S.C. 3001, title III, sec. 303(b) (3) (A).

[13] Conversation with Bob Thomas, acting bureau chief, Arizona Department of Economic Security; P. Alice Drought, director, Area Agency on Aging; and Lloyd Brown, assistant director, program services division, Arizona Department of Economic Security; Phoenix, Ariz., June 17, 1976.

[14] AoA-IM-76-67, May 10, 1976. (See p. ••• of this report. Ed.)

[15] Interested persons may contact Native American Elders United by writing to 808 Ivy Street, Carson City, Nev. 89701.

[16] "The Nation's Rural Elderly," part 5, Aug. 18, 1976.

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CONCLUSIONS

The economic deprivation of elderly minority groups has intensified because of the 1974-75 recession. By whatever barometer one would use, their quality of life is less satisfying than that of aged whites. Major policy changes are needed to improve the economic well-being of aged blacks, Spanish-speaking persons, Indians, and Asian-Americans.

The committee recommends that the income standards for the SSI program be raised to a level to eliminate poverty for the elderly.

Additionally, the committee urges:

—The Department of Labor to take prompt action to assure that national organizations representing the minority elderly are actively involved in the administration of Title IX senior community service employment projects.

—The Department of Housing and Urban Development to make more section 202 housing for the elderly loans to minority sponsors.

—The Administration on Aging to continue its efforts to involve minority organizations more actively under Older Americans Act programs.

In 1977, the committee plans to undertake a major examination of the treatment of minority groups under social security. Moreover, the committee plans to focus on their special needs in other areas as well: employment, services, health, housing, and others.

ELDERLY MINORITY GROUPS IN 1971 AND 1976

Four special concerns sessions at the 1971 White House Conference on Aging focused on the special problems of aged minority groups: elderly Asian-Americans, blacks, Indians, and Spanish-speaking persons. Several common themes emerged from these four sessions, despite cultural and other differences among these groups. All agreed that the minority aged suffer greater intensity of deprivation than older anglos. There was also widespread agreement that far too little attention has been devoted to the minority aged's special needs. In addition, the groups emphasized the need to develop more complete and accurate data to enable policymakers to make key decisions on issues affecting aged Asian-Americans, blacks, Indians, and Spanish-speaking persons.

A priority proposal in practically every case was the need for a guaranteed annual income, ranging from $6,000 for individuals and $9,000 for couples at the aged and aging blacks special concerns session to $3,375 for single persons and $4,500 for married persons at the Spanish-speaking elderly meeting.

The minority groups also focused on unique problems confronting them. The elderly Indians, for instance, urged that the Older Americans Act be amended to permit direct funding of Indian tribes. The Asian-Americans recommended that food assistance programs should take into account their cultural differences. An earlier eligibility age for social security benefits was proposed for aged black males and elderly Spanish-speaking persons because of their shorter life expectancy.

Elderly minority groups have benefited from enactment of several measures affecting older Americans, including:

—Social security increases;

—The establishment of a cost-of-living adjustment mechanism for social security and the supplemental security income program;

—Creation of SSI;

—Establishment of a national hot meals program for older Americans at conveniently located centers;

—Extension of Medicare coverage to disabled social security beneficiaries.

However, the needs of elderly minority groups are so great that considerably more needs to be done before the next White House Conference on Aging. In addition, the proposals for special actions have produced few concrete results. One exception is that the Commissioner on Aging is now authorized to provide direct funding of Indian tribes under Title III upon a determination that (a) Indian tribe members are not receiving benefits equivalent to other older persons in the State, and (b) they would be better served through direct funding.[12]

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[12] Older Americans (Act) Amendments of 1975, Public Law 94-135, approved Nov. 28, 1976.

The Nation's Rural Elderly
Hearing
Before the
Special Committee on Aging
United States Senate
Ninety-Fifth Congress, First Session
Part 7—Denver, Colo.
March 23, 1977

STATEMENT OF JUANA LYON, NATIONAL INDIAN CONFERENCE ON AGING

Ms. Lyon. Senator Church, my name is Juana Lyon. I represent the National Indian Council on Aging, the National Indian Conference on Aging of the National Tribal Chairmen's Association and the Indian Caucus at this conference.

The lineup of scheduled witnesses at this conference —at this hearing—underscores more eloquently than I could the fact that among the rural elderly the Indian people are the most forgotten.

We were gratified at our National Indian Conference on Aging last year to have your staff member, Mr. Oriol, and Mr. Corwin present, and I want to thank you for that.

At the request of the Indian Caucus at this conference, I would like to submit into the hearing record the findings of the National Indian Conference on the Aging which contain our recommendations.

I would like to present four major priority recommendations to you at this time.

I would request that the Senate, the Congress, and the President of the United States be mindful of the special responsibility of the Federal Government to the Indian tribes and the Alaska Native entities of this country. That, as a consequence, the Congress and the President of the United States support our intents to obtain direct funding through our local units of general-purpose government from the Federal level to the tribal level in order to more appropriately serve our Indian elderly.

No. 2, we would like to point out that the large majority of our people do not live long enough to benefit from services to the elderly. Therefore, we request the lowering of the minimum eligible age for our Indian elderly.

No. 3, we request that more administrative flexibility be allowed at the local level for programs to serve the elderly because the program that might work very well in New York City is not relevant at Gray Mountain on the Navajo Reservation in Arizona.

My fourth and last request and recommendation is on behalf of the national Indian community, that the Senate and House Committees on Aging hold national hearings on the needs of the American Indian and Alaska Native elderly because we are dealing with a multitude of different tribes, different tribal governments, and we are, above all, striving to maintain the special relationship between the Federal Government and the American Indian community.

Thank you.

Senator Church. Thank you.

May I just say that we also have received from Mr. Shelby Smith a statement from the Southern Ute Indian community action programs which will be included in the record.[1]

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[1] See P. 276 for this statement. Ed.

Testimony of Juana Lyon
before the U.S. Commission on Civil Rights
Washington, D.C.,
September 27, 1977,
in her capacities as
Executive Director of the National Indian Council on Aging
and Project Coordinator of the National Indian Conference on Aging Project
# of the National Tribal Chairmen's Association

Mr. Chairman and members of the Commission, I want to personally express my pleasure at working with you again, this time from a different side of the rostrum, and I'd also like to acknowledge the very strong support and encouragement of the Chairman of the Commission to the National Indian Council on Aging. I doubt whether, without that support, we would be where we are today.

Clarifying some of the statements I will make, I would first like to describe the three categories into which Indian people and Alaskan Native people of the United States fall. In the first category, we have members of federally recognized Indian tribes and Alaska Regional Corporations whose members may reside on Indian reservations or other trust land, that means land held in trust by the Federal Government for the Indian people; secondly, in rural non-reservation areas and, thirdly, in urban areas.

The second category would be members of Indian tribes or groups recognized as such by a State, with members residing on state-recognized reservations, in rural non-reservation areas, and, again, thirdly, in urban areas. The third category would be individuals not belonging to either of the previous categories but claiming to be of Indian descent or heritage.

At this time I would request, Mr. Chairman, that the Summary Report of the National Indian Conference on Aging, which was sponsored by the National Tribal Chairmen's Association, be admitted into the record of this hearing.

(*Chairman:* Without objection, it is so ordered.)

Thank you. I would also request that the paper which we submitted on social services to American Indians under Title XX be so admitted.

(*Chairman:* Without objection, it is so ordered.)

Thank you, Mr. Chairman. Getting back to the status of the first category, the federally recognized Indian tribes and Alaska Regional Corporations. I would like to enlarge on that subject by mentioning that this status refers only to members of these entities, the special privileges and the special relationship which exists between the federally recognized tribes and the federal government. The federally recognized tribes and Alaska Regional Corporations are recognized in law as quasi-sovereign domestic nations and, as such, they are on the same, if not a higher level, than the states because they are federal entities not subject to state jurisdiction, with very few exceptions. As a result of the special relationship between the members of the recognized tribes and the federal government, there were certain commitments made in solemn treaties, in Executive Orders, and in special Acts of legislation, to provide certain services to the members of these entities because of their status as Indians. This federal responsibility for certain services is executed primarily through the Bureau of Indian Affairs and the Indian Health Service. However, both the Bureau of Indian Affairs and the Indian Health Service take the attitude that their services are residual and that Indian elderly persons must first appeal for services to those agencies which are responsible for services to the general population. In most instances, the states are prime sponsors for these services. These services are then relegated to the states. It should be pointed out that, at no time, has the federal commitment to provide these services been legally relegated to the states. Conversely, many states, in fact the majority of states, take the attitude that Indians are a federal responsibility, that Indians do not pay taxes to the state, and that Indians are, therefore, not entitled to services from the state. You can readily see what happens is that the Indian elderly fall "between the cracks".

One very strong area of discrimination against the Indian elderly, (and I should explain that, when I speak of the Indian elderly, I am including the Alaskan Native elderly as well), one very strong area of discrimination is in the area of statistics. We have, for instance, one million Indians and Alaskan Natives in the United States, of which four hundred and fifty thousand live on reservations and in Alaskan Native villages. We have two hundred and fifty-six federally recognized tribes, bands, and groups, and two hundred recognized native villages in Alaska. Forty-eight percent of Indians on reservations are living below the poverty level. Approximately fifty-five percent of all Indian housing on reservations is recognized as inadequate. The life expectancy of the average American Indian is ten years less than that of the other Americans. This means that many Indian people don't live long enough to benefit from services for the elderly. The average unemployment on reservations is over forty percent. In non-reservation areas among Indian people, it is twenty percent.

The publication of the Administration on Aging, based on the 1970 Census of the population, gives a listing of the Indians 65 and over living on identified reservations. I might mention that the states, in planning services to the Indian elderly, use the population statistics provided by the 1970 Census. For example, the figure given for Indian people 65 and over living on identified reservations by the U.S. Census for the State of Arizona lists 3,714; by the Bureau of Indian Affairs, 6,573. New Mexico: the Census, 2,181; the Bureau of Indian Affairs, 4,793. State of Washington: 407 by the Census; 1,616 by the Bureau of Indian Affairs. State of Wisconsin: 350 by the Census; BIA 997. I'll just give one more figure. State of California: U.S. Census figure, 123; the Bureau of Indian Affairs, 2,615. I do not need to emphasize that, since program funds are based on population statistics, that this indicates a very strong undercount of the Indian service or target population.

The other problem that we experience is that, even in those agencies which have a mandate to serve the Indian people, the elderly are at the bottom of the priority list. The Bureau of Indian Affairs, even in its Social Services Branch, has no mandate to serve the elderly. Arizona is the only state where the elderly Indians are served specifically by the Bureau of Indian Affairs, because that state has no Medicare program. The Indian Health Service, which again has as its only mandate to serve the members of federally recognized tribes, has the elderly as its lowest priority. When funds are allocated, for instance, for eye glasses or other prosthetic devices, other age groups are getting preference and the elderly are doing without.

A very good example of exclusion is in Title XX. One state, which I shall not name here, in Fiscal Year 1976, sent back $12 million of Title XX money and failed to serve any of its 22 Indian reservations. In Fiscal Year '77, the same state contracted for Title XX services with two tribes for general services, including services to the elderly. They contracted with one tribe for day care services only. Again, out of a total of 22 reservations, which received no services.

Another area of discrimination lies in the fact that there is a failure on the part of eligibility workers to recognize traditional Indian marriages. As performed by the legal entities of these Indian tribes, these marriages have been legally adjudicated to be valid, and yet an Indian woman married by Indian custom often is not eligible for the Social Security benefits that accrue to her through her husband.

The Hill-Burton Act is another problem for Indians. Funds for the establishment of nursing homes and sheltered care facilities go to the states for administration, and the states will not fund the establishment of such institutions on Indian reservations unless that tribe is willing to give the state jurisdiction on that reservation for licensing and monitoring. I do not need to tell you that we are in dire need of such facilities on or near our reservations because our elderly, when they are sent to an unfamiliar environment away from their homes to nursing homes, are unable to understand the language. They suffer from cultural shock, and this, many times, hastens their untimely death.

Another problem area is in the area of housing. There is a requirement by the Department of Housing and Urban Development that a person be at least 62 years old and in good health to qualify for admission to a housing project. As I mentioned, many of our people not only do not live that long, but, because of much greater hardships of the harsh environment in which they live, they often cannot qualify for the good health portion of the requirement.

Transportation and funding of transportation programs in the states again is a problem. Indian tribes have very few chances to be even considered for funding through the Department of Transportation, because they have to compete with other state entities, and since, quote "Indians don't pay taxes", unquote, the states are not too much inclined to listen to the needs of the Indian people. Another problem is in the area of matching funds.

Chairman: (Indicating that time is running out and additional statements should be submitted into the record.)

I understand. I have one more sentence. On the subject of matching requirements, since Indian tribes usually do not have access to any funds other than federal funds, and they cannot be used for matching purposes, that does create a very serious problem, for instance in Title XX.

Commissioner Frankie Freeman: (Request for Mrs. Lyon to submit for the record the name of the state that returned $12 million of Title XX monies, so that the matter might be followed up by the Commission.)

Testimony of
Juana Lyon, Executive Director, National Indian Council on Aging, Inc.
before the Subcommittee on Housing and Consumer Interests
# of the Select Committee on Aging
U.S. House of Representatives

August 23, 1977

National attention was first drawn to the plight of the American Indian elderly when a special Indian Concerns Session was included in the 1971 White House Conference on Aging. A number of Indian people from various regions of the United States attended, identified issues relating to the Indian elderly, and made recommendations for action to improve the remaining years of these forgotten Americans. The recommendations were included in the Conference report—and no further action taken.

The Indian participants in that Conference were determined not to let the matter rest there and tried over the next four years to revive the issues they had raised in 1971—to no avail.

Finally, with the support and sponsorship of the National Tribal Chairmen's Association and with funding from the Administration on Aging, the National Indian Conference on Aging took place in Phoenix, Arizona, in June of 1976. The recommendations made at the 1971 White House Conference were reaffirmed and additional, more detailed recommendations made by the over 1000 Indian and Alaska Native elderly participants.

The complete listing of unmet needs and remedial actions recommended at that Conference is contained in the Summary Report of the Conference, which is being submitted into the record of this hearing as the official position on the needs of the Indian elderly adopted by Conference participants and by the National Indian Council on Aging. Major subject areas covered include concerns relating to the areas of Income, Personal Environment (including Nursing Homes and Alternatives, Housing, Transportation and related subjects), Legal Problems, Physical Well-Being (including subjects relating to Health, Mental Health, and Nutrition), and Legislation.

One recommendation adopted by Conference participants and put into immediate effect was the establishment of the National Indian Council on Aging, which I represent at this hearing, for the purpose of pursuing the remedial action recommended at the Conference:

1. Through encouragement of legislative amendments, where required;
2. Through communication and cooperation with service provider agencies which can make the necessary changes within the scope of their current administrative guidelines;
3. Through dissemination of information to the Indian community on available supportive resources and,
4. Where necessary, through intercession with the appropriate agencies to provide access to these resources.

Given the multitude of tribal and other Indian organizational structures and, consequently, the many and varied complexities of local conditions and needs on the one hand and the fragmentation of programs capable of serving the elderly on the other, only a deliberate and systematic approach can bring about gradual improvements in the lives of the Indian elderly.

One obstacle which is often overlooked in counting the barriers in the path to better services for Indian elders is the assumption on the part of agency personnel and legislators that Indians are basically "like everyone else" and that e.g. the nutrition program which works well in New York City will be equally satisfactory on any Indian reservation. This is, of course, not the case. It then becomes a task for the National Indian Council on Aging to point out the reasons and to bring about modifications.

Another obstacle, though not often brought out into the open, is the frequent attitude on the part of non-Indians that Indians have had "government handouts" long enough and that the time has come for them to be no more or less privileged than other citizens. It is not possible here to address that argument in any depth. It is sufficient to state that special services earmarked for Indian and Alaska Native people are based on solemn commitments and obligations incurred by the federal government in behalf of the citizens of the United States in return for land ceded by the First Americans. The Congress of the United States shares the national obligation to ensure that these commitments are honored.

The special status of the federally recognized Indian tribes and Alaska Native entities provides one aspect which must be considered in addressing the needs of the Indian elderly. Another lies in the great variance among Indian tribes and groups, each with its own language, its own cultural and religious heritage, its own governmental structure, and its own history of relationships with the non-Indian world. The majority of land-based Indian tribes are quasi sovereign nations on whose territory only the federal, not the state government, has jurisdiction. This poses serious problems in terms of state administration of aging programs. The fact that the original commitment for services based on the unique trust relationship between the Indian tribes and the federal government has never been legally delegated to the various states, reinforces the Indian demand for direct funding of programs from the federal to the tribal/local community levels, based on locally determined needs and with flexibility to adapt to local conditions.

Our first and most urgent recommendation to this committee is, therefore, to support legislation to be sponsored by the National Indian Council on Aging which would amend the Older Americans Act of 1965 so as to give Indian tribes the option to receive direct funding from the federal level for projects funded under all titles of the Act, based on the precedent established by such legislation as the Revenue Sharing Act, the Comprehensive Employment and Training Act, et al. A draft of such legislation is currently being discussed with the Chairpersons of the House Select Committee on Aging and the Senate Special Committee on Aging and is expected to be introduced along with other proposed 1978 amendments to the Act. Support of such legislation by the National Tribal Chairmen's Association and the National Congress of American Indians is documented and submitted into the record with this statement.

In addition to the recommendation urging direct funding to Indian* tribes, the needs of the Indian elderly were eloquently stated at the first National Indian Conference on Aging, and we urge that you review the overview of these statements provided in the Summary Report being submitted into the record. It should be remembered that these needs are intensified by factors which include, but are not limited to the following:

1. Lower life expectancy

   The average Indian life expectancy for a child born today has been estimated at 64.9 versus 72.2 for the non-Indian population of the U.S. In 1967, Indian life expectancy was one third shorter than the national average: 44 years, compared to 65 for the rest of the population. This is the age group now in need of services for the elderly.

2. Geographic isolation

   Elderly Indian reservation residents are generally scattered throughout an area with very low population density, remote from facilities offering supportive services. Where services exist within reasonable commuting distance, lack of transportation is usually an acute problem. Moreover, these services are generally offered in a non-Indian environment, based on non-Indian norms.

3. Cultural factors

   a. Program criteria and practices are geared to standard urban models. Individual tribal cultural traits affect acceptance of program requirements, e.g. in the areas of nutrition or planned activities.
   b. The widening generation gap: older Indian respect and solicitude for elderly versus increasing acceptance by the younger generation of the majority culture's disregard for the elderly.
   c. Language barriers
   d. Cultural shock: changing values and practices in the Indian community. In the case of many Indian elders, this is comparable to change from the stone age to the nuclear age in one generation.

      Rapid replacement of the familiar world by the unfamiliar, based on non-Indian influences. Bewilderment at the requirements of life in the 1970's. Inability to cope; withdrawal.

      Historically, the Indian elderly were venerated and regarded as a source of wisdom and guidance in their community. In modern times, in addition to changing values, the Indian elderly are extremely limited in ways they can contribute to their community by their limited circumstances and lack of knowledge of the requirements of the present age. Their value to the Indian community must be reassessed and utilized.

The response of the present system designed to serve elderly Americans, i.e. the various levels of the Administration on Aging, has been erratic and far from uniform. While some State Agencies on Aging have given Indian tribes the opportunity to constitute their own Planning and Service Areas and to form their own Area Agencies on Aging, e.g. Utah and Washington, other States categorically deny this opportunity even to tribes meeting the numerical criteria, e.g. Arizona and New Mexico. Participation by Indians in services provided by the established national Aging agencies falls far short of the potential, as is documented by statistics submitted into the record.

Since its inception, the National Indian Council on Aging has been working closely with all levels of the National Aging Network, and some progress has been made in accomplishing greater sensitivity to the needs of the Indian elderly. Much more is needed, and it is our hope that your review of the specific recommendations submitted into the record will contribute to continued and accelerated progress.

To answer the question, how research has treated the Indian elderly: there is no thorough, comprehensive reference material with nationwide applicability on the Indian elderly in existence. The National Indian Council on Aging hopes to remedy that situation in the near future if our application to the Administration on Aging for such a research project is approved.

Selection of Indians to serve on peer review panels is extremely limited. Assuming genuine good will on the part of individuals selecting review panel participants, there are very few Indian individuals nationwide with the special, gerontology-related expertise required. This, the National Indian Council on Aging also hopes to remedy through concentrated efforts to motivate increased participation of American Indians in study leading to gerontology-related careers. The motivation must be coupled with predictable financial support of such students. (The problems experienced by Indian students in obtaining adequate and predictable financial support for university studies could occupy a Congressional Committee for many months!)

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* The term "American Indian" includes reference to Alaska Natives.

The issues of delivery of services, cultural isolation, and the performance of Area Agencies on Aging are addressed in depth in the recommendations submitted into the record. The recommendation that Titles III, V, and VII be incorporated into one "superstructure" would be acceptable to the Indian community if its units of general purpose local government, i.e. tribal governments, had the option to act as prime sponsors for such programs, channeled to them from the federal level. If only the respective State Agencies on Aging had the authority to administer this "superstructure", it would just make it that much easier to keep Indians from benefitting. Title V, e.g., is of little use to Indians because few reservations can offer an existing structure which would meet the necessary criteria, even if the States were to include Indian tribes among the beneficiaries of Title V. It is our firm belief that the Indian elderly would best be served within the intent of the Older Americans Act if their elected governments had the option to administer projects funded under all applicable titles of the Act from a basis in locally determined needs and in accordance with criteria which allow enough flexibility to adapt to cultural and demographic variants and, at the same time, observe the basic requirements set forth in the Act.

Honorable Pete V. Domenici
Senate Committee on Aging
Room G-233, Dirksen Senate Office Bldg.
Washington, D.C. 20510

Dear Senator Domenici:

If there had been time for everyone to speak at the hearing on "The Nation's Rural Elderly," in Albuquerque, New Mexico, on November 21, 1977, I would have said:

Both at the Taos Hearing on November 19, and at today's hearing, you made reference to your assumption that the Older Americans Act now permits direct funding to Indian tribes under certain conditions. The mechanism for such action is limited to Title III; Section 303(b)(3)(A) of the Older Americans Act, as amended, provides: "In any state in which the Commissioner determines (after having taken into account the amount of funds available to the State agency or to an appropriate area agency on aging to carry out the purposes of this title) that the members of an Indian tribe are not receiving benefits under this title that are equivalent to benefits provided to other older persons in the State or appropriate area, and if he further determines that the members of such tribe would be better served by means of grants made directly to provide such benefits, he shall reserve from sums that would otherwise be allotted to such State under paragraph (2) not less than 100 per centum nor more than 150 per centum of an amount which bears the same ratio to the State's allotment for the fiscal year involved as the population of all Indians aged sixty or over for whom a determination under this paragraph has been made bears to the population of all persons aged sixty or over in such State."

In theory, the provision for direct funding can be assumed to exist for Title III. However, in the practice, there are a number of obstacles:

1. The burden of proof of services "not equivalent" appears to be on the Indian tribes. (E.g. we have no knowledge of any State response to the requirement for a Title III Action Plan as part of the State Plan, which indicated less than equivalent service to the Indian elderly, having been challenged by the Commissioner on Aging and used as a basis for his determination "that the members of such tribe would be better served by means of grants made directly to provide such benefits". (Examples of such responses are attached.)

2. The question arises whether the implementation of the regulations for this subsection would not, in reality, result in a delay of two or three years before an Indian tribe would actually become eligible for direct funding in accordance with these regulations.

   In the event that the Commissioner determines, as a result of inadequate services under Title III to an Indian reservation elderly population in Fiscal Year X, that that population would be better served by direct funding, this determination most likely would not have been made until such time as funding for Fiscal Year Y is already allocated on the basis of a State Plan submitted prior to this determination.

   The logical progression would then be for the Commissioner to invite the particular Indian tribe to submit a plan for the following Fiscal Year on the State Plan format. Should the tribal plan be approved, it must be assumed that actual allocations to that tribe could not be made until Fiscal Year Z. During the entire period covered by Fiscal Years X and Y and preceding fiscal years, the population of that particular reservation will not have been adequately served.

   Further, the Indian population ratio in relation to that of the general population of all persons 60 and over in the State, as mentioned in (A), again places the Indian population at a disadvantage because of 1) the inadequate statistical base used to determine numbers of Indian elderly in each state (1970 Census) and 2) the fact that a non-Indian individual of 60 years has a longer life expectancy than an Indian individual of the same age group. Indian participants in the National Indian Conference on Aging agreed that most Indian people do not live long enough to benefit from programs designed for the general elderly population of the United States. They also agreed that services for the Indian elderly should be provided on the basis of actual need rather than numerical criteria, taking into consideration not only the variance in life expectancy but the much more severe problems of geographic isolation, poverty, lack of transportation, lack of supportive services within easy access, etc. experienced by the Indian elderly.

Even if the provisions for direct funding were extended to other titles of the Older Americans Act in the same manner in which they now exist for Title III, the likelihood of any Indian tribe ever actually gaining direct funding under that system remains extremely small.

In the various treaties and executive orders establishing the committment of the Federal Government to certain federally recognized Indian Tribes as Sovereign Nations, the Federal Government acknowledged its solemn obligation to provide certain services for the benefit of any members of these tribes. At no time has this obligation been legally removed from the Federal Government and vested in the respective States. The Administration on Aging, as a service delivery arm of the Federal Government, should, therefore, deal with the federally recognized tribes directly in all aspects of the provision of its services.

Juana P. Lyon
Executive Director
National Indian Council on Aging

Problems of the Elderly

Hearing Before
The Select Committee on Aging,
U.S. House of Representatives
in Albuquerque, New Mexico
August 20, 1976

STATEMENT OF DELFIN J. LOVATO, CHAIRMAN, ALL INDIAN PUEBLO COUNCIL

MR. LOVATO. Mr. Chairman and members of the Select Committee on Aging, my name is Delfin Lovato. I am chairman of the All Indian Pueblo Council which represents the 19 New Mexico Pueblo Reservations.

I might add, Mr. Chairman, in starting, I hope you have a Spanish-speaking interpreter here because we are going to ask for an interpretation.

MR. RANDALL. All right, you're the best. Go ahead.

MR. LOVATO. OK.

Mr. Chairman, the problems of the elderly amongst the Pueblo Indians, and I guess Indians in general, are similar to those faced by the average elderly American. The scope and severity of their problems are, however, much more intense and complex. Most of our people who are over the age of 45 come from a generation of chronic unemployment and poverty. Most of our people in this age group have not gone beyond elementary school and most of them do not possess marketable skills or training, therefore retirement income and other benefits are nonexistent. The vast majority of our elderly depend on welfare for subsistence.

It is important to note also, Mr. Chairman, that despite the ever-present economic depression and unemployment on our Pueblo reservations and despite the poor health of many of our old people, overcrowding, et cetera, we have always cared for our old people the best we can. It is not a custom amongst my people to place our elderly in homes or foster care, et cetera.

Poverty and unemployment are nothing new to our people, Mr. Chairman and Mr. Roybal. The problems of the elderly, however, are unique amongst our people, and only in recent years, in our opinion, has the Congress taken more positive steps to enact legislation and funds to alleviate the needs of the elderly. Needless to say, it has not been enough. However, who can speak better for the elderly than the elderly Indian himself.

During two recent conferences, one on the social services for the elderly, and another, *the National Indian Conference on Aging*, the elderly Indian people of this country brought out their own problems and made recommendations. I would like to briefly go over these, Mr. Chairman.

Some of the problems—and they have been brought out time and time again throughout testimony presented here this morning by other groups.

First off is the problem of income and employment. A large percentage of Indian elderly do not have sufficient income to cover the cost of the necessities of life. This lack of money is basic to many of the problems of our people. Many of them want to work but they don't have the training, and the employment on our reservations just doesn't exist.

Housing. Housing is such a tremendous problem. I believe not only for the elderly in our reservations but for the general population of our reservations. Here, again, the income criteria, income limitations, to qualify for a home are such that many of our older people who do not have jobs, who do not have any income, cannot qualify for these programs. Therefore the younger people, the rest of the family, again, continues to create more overcrowding in an already overcrowded situation.

Transportation to get the mere necessities of life, going to a grocery store, getting to the Indian Health Service hospital are many times problems for our people. The problem of some of our older people who cannot get around, who depend on someone, who are in wheelchairs, et cetera. These types of services are not available even through the Indian Health Services. Again, these problems have been brought before the Indian Health Service, have been brought before several committees of the Congress on Indian health.

The health care problem amongst our elderly people is very severe. There's inadequate funding, inadequate facilities, although because of the special relationship between the Federal Government and the Indian tribes, more often than not, that responsibility has not been met. And time and time again we have gone before the Congress in asking for increased funding for the health care of our Indian people.

As you know, we are very fortunate that only recently the Congress enacted H.R. 2525. Again, I think we stand a very good chance that the President may veto it and other major Indian bills.

I might add, Mr. Chairman and Mr. Roybal, that the Indian tribes, at least the 19 Pueblos, have made a very concerted effort to notify the Congress, to notify the administration, of the tremendous import that this legislation has to our people and in meeting the health care needs.

We are at the present time rallying a national effort on the part of all Indian tribes to inform the President or try to persuade him not to veto this bill. Again, if this does happen, we are very hopeful that the Congress will override that veto.

The legal problems that many of our older people have, I think, are also very important. Many of our people, because of the lack of education, because of the lack of contact with the outside communities, many times get themselves in situations through installment purchases, through general day-to-day life, where they need legal consultation. They need consumer protection, you might say. I think this is an area which deserves a lot more attention than it has received up to this point.

In addition, the older people on our Pueblo reservations too often find themselves with very little to do. They become victims of a situation that they cannot understand. Again, because of the historical problems of not really understanding some of the advances that have been made in society, not understanding what's really going on in Indian affairs many times, not really knowing what programs or what projects are available to them, these people many times do not benefit from many of the Federal programs that are available to them.

In relationship to these problems, Mr. Chairman and Mr. Roybal, the elderly people who attended these two conferences also made some recommendations which I would like to briefly go over.

One of the strongest recommendations that they have made and one which the All Indian Pueblo Council jointly with other national Indian organizations have presented to the Congress is that most of the Federal programs that are in existence right now have to come through State governments, channel through the county and finally to the Indian tribes. Experience has shown that too often it has just created two more levels of bureaucracy for the Indian tribe. The problems are multiplied as a result. The problems of getting the money and the benefits to the Indian people thereby become harder.

At the present time there is a national effort and one which, I am sure, will be coming before both Houses of the Congress, to initiate amendments to the Older Americans Act, to the other programs which are benefiting or available to the older American citizens and Indian citizens in general, to get amendments to those bills to provide for direct funding. I think Congress, on one hand, has pushed for tribal self-determination to give the Indian tribes an opportunity to administer and run their own programs. We are asking that concept be extended to all major legislation having to do with programs for the people. I feel that we have proven beyond a reasonable doubt, beyond a doubt, for that matter, that we are, in fact, capable of running our own programs. We are, in fact, capable of going after all of these programs that the Congress has been kind enough to enact.

Another recommendation that was made by the elderly at these two conferences was that legislation too often is done on a yearly basis, a 12-month program. Just when the programs are getting into operation, here comes a new funding cycle.

One of the recommendations that they made was that legislation for the elderly be done at least on a 3- to 5-year basis. Those programs which are proven successful be continued; those that are not successful be eliminated.

Another recommendation that the conference on the aging, on Indian aging, made was that 45 be established as a minimum age for planning purposes for all programs for the aged. That would, I guess, put other people in that same age bracket.

Again, the conference on the aging made strong recommendations that some program be devised through the various legislative programs to assist the elderly people in their problems, legal problems, that have become increasingly more hard upon them.

There is also a recommendation from them that some instruments be created within the Older Americans Act to allow the Indian tribes who desire, the older people who desire, to benefit from foster home care or old age homes right on the reservations.

I think the past fears that many of our old people have had is that they would be taken away from their environment, from their Pueblo villages, and put into a home here in Albuquerque or Santa Fe. Obviously, since we don't have any of these facilities on our reservations, this is the only way it can be done now. What we are asking is that provisions be made to allow us to provide these facilities right on our reservations. The problems of our old people are many times such that the sons and the daughters, the family, cannot take care of them. They need specialized care, and for that type of care, I think it is necessary to go to this type of facilities.

Last but not least they strongly recommended that too often when the two Indian agencies, mainly the Bureau of Indian Affairs and the Indian Health Services, go before committees such as yours, before the Congress, they present the statistics to back up the needs of the Indian people, and more often than not they are statistics which they themselves develop, not on the basis of field research, but more so on the basis of percentage increases on a yearly basis. They take figures out of the sky or figures that were developed back in the fifties and have continually year after year developed and applied a percentage increase to those. I think those figures are many times erroneous and misleading.

The conference on the Indian aging recommended that statistics from the Indian tribes themselves be the key element in deciding funding allocations, et cetera.

In conclusion, Mr. Chairman, we strongly recommend that funding of the following programs be given highest priority, and that authorization or legislation authorizing that these programs be amended to allow direct funding to Indian tribes be done as soon as possible.

First off, we have Title VII, the food and nutritional program under the Older Americans Act. These funds, again, are allocated to States on the basis of population needs, et cetera. The State then allocates its moneys to the counties; the counties eventually to the Indian tribe.

I am sorry to say that of the 19 Pueblos there are only 7 at the present time who are benefiting from this program, and, again, not all of the elderly people in need in these villages are getting the assistance because the funding is very low. I think Mr. Mondragon, who is with the Commission on Aging, later on today will back up the contention that the funding to the State at the present time is totally inadequate.

The Community Services Administration under HEW also has a program, which is basically a supplemental program to provide services for the elderly.

Again, our funding here comes from the regional office directly to the Indian tribe. Only $200,000 was allocated for programs for the elderly for the entire State of New Mexico. Again, of those, of the 19 Pueblos, only 4 Pueblos are benefiting from that project. The Community Services Administration of Health, Education, and Welfare has taken the position that they will not continue this program beyond 4 months from now.

Mr. Chairman and Mr. Roybal, I sincerely think that the program has been very valuable as a supplemental source of funding for many of the programs for our old people on our reservations and we hope that HEW can be persuaded to continue this program and that we can be allowed—or funding be increased for that project to allow all of the 19 Pueblos to have, if nothing more, a token program for our older people. All of the 19 Pueblos are strongly supporting and desirous of such a project.

Again, under Title III of the Older Americans Act, which basically provides services for home repair, winterization, and transportation, the funding here on the 19 Pueblos is nonexistent. In other words, none of our Pueblo people are benefiting from this program to our knowledge. We're asking that this project again, as the Title VII program, be allowed to go to the Indian tribes directly and that sufficient funds be provided so that it can provide for a meaningful program.

Last but not least, the employment. As you know, Congress in 1973 passed what I consider one of the most outstanding bills in terms of the employment and training of the unemployed in this country.

Title II and Title III of the act provide for direct funding to Indian tribes. For some reason the Secretary of the Interior has ruled that Title I does not allow it.

Again, our funds go through the State, to the counties, and finally to the Indian tribes. Again, because of the differences in population, because of the differences in criteria, we strongly feel that the Indian people sometimes get the short end of the stick.

Only recently the supplemental appropriations for Title II of the CETA Act also carried with it a proviso that 15,000 slots be made available to employ citizens 55 years and older. Again, to our knowledge, there is not one single Pueblo who is benefiting from this program. And with 15,000 slots, gentlemen, I think we can all agree not too many people can benefit from such a program. But, again, there are people, older people, on our reservations who want to work, who want to get training, but because of the unavailability of employment they do not.

In conclusion and in closing my statement, Mr. Chairman and Mr. Roybal, I'd just like to ad lib on an issue which is very dear to our hearts, an issue which, I think, is more and more becoming a critical issue in the U.S. Congress. That issue is the special relationship between the U.S. Government and the Indian tribes of this country. That relationship has mostly been defined as a trust responsibility. And that responsibility has many times, time after time, again been spelled out in treaties, executive orders, and in legislation enacted by the U.S. Congress. But, again, time after time, the bureaucracy and State governments and its subdivisions are misinterpreting, misapplying, and in many ways undermining that special relationship.

We have problems in terms of programs that come through State government, not because we cannot get along with our State government, but more so because we strongly believe that because of that special relationship we are entitled to certain programs that are enacted by the Congress, and when the programs get down to the local level, we get eligibility requirements. The issue here is entitlement versus eligibility. Eligibility brings about regulations, gentlemen, regulations which must be developed at the local level, regulations which must be enforced by the grantee—in this case the State—and the political subdivisions. And you both know, I'm sure, that the Indian tribes do not want enforcement by State government of its regulations. It goes contrary to our concept of tribal sovereignty. It infringes upon that special relationship between the Congress and the Indian people. And for that reason, paramount reason, we ask that the Congress seriously consider, and in consistency with its most recent legislation, provide for direct funding in the future, directly to the Indian tribes, rather than going through the various levels of bureaucracy which hamper more than benefit the Indian people.

Mr. Chairman, that concludes my statement. I want to thank the committee for giving us this opportunity to come before you and present some of the concerns of our people.

MR. RANDALL. Thank you very much, Mr. Lovato.

In our preliminary remarks, that was the point we've tried to get across, with one possible exception of one or two witnesses on the periphery who came to Washington, maybe a couple of very brief witness appearances, this is the first time that we've heard from our Native Americans out here right where you live. You have given us a lot of things to ask you about. We're going to ask you a lot of questions. I wonder if you would be kind enough at this time to yield and not leave because we've got a whole variety of questions to ask you here. If you would just sit back in that first row, you and your friend, Frank Tenorio. If you would bear with us and be temporarily excused, we do have some time constraints here on another witness. We don't want you to leave. We have a lot of questions to ask you and the other witnesses.

MR. LOVATO. We will be waiting.

STATEMENT OF SENATOR JOSEPH M. MONTOYA, NEW MEXICO

(Excerpted)

...Unfortunately, the problems of elderly New Mexico citizens are compounded by special conditions relating to our rural populations, our large minority populations, and our geographical location in the Southwestern United States. These problems are compounded by a lack of medical facilities in many of these areas requiring considerable travel for treatment by those least able to undertake it.

Elderly citizens everywhere in this nation are in trouble, Mr. Chairman and Mr. Roybal. I know that every member of your committee understands that 16 percent of all those over 65 in America live below the poverty level. But in New Mexico that figure is double, 34 percent live below the poverty level. Forty-two percent of our elderly citizens live in rural areas. The All Indian Pueblo Council and the Navajo tribal leaders have repeatedly reported to me their need for better health care, better housing, nutrition, transportation, communication, and other special assistance. They want to care for their own people. And in order to do so they want to be treated as other local government agencies are treated.

We have, as you know, provided for this kind of autonomy in the Indian Education Act. I believe we must provide that kind of autonomy for Indian tribal use of programs for the aging, too.

Mr. Chairman, you and I both know that Congress has attempted to provide help to the nation's elderly through federal action. But I must report to you today that that assistance is not reaching the elderly New Mexican. Bureaucratic hold-up of information, program support, and lack of recognition of the special problems of this State, have all contributed to the delay and frustration.

...I think the day has come for us to aggressively take up the cudgels in a meaningful way in behalf of the elderly people of this nation. I think we can do a better job than we are doing in providing assistance to our elderly. I hope that your committee will be able to get into the official record the true facts about our very special needs. I can assure you that I will do everything in my power in the Senate to cooperate in finding real solutions in finally getting some action and some results.

I thank you for giving me of your time and giving me this opportunity, Mr. Chairman, and my good friend, Ed Roybal.

MR. RANDALL. Thank you very much, Senator.

I don't have a lot of questions; just a few comments.

Once again you have underscored and pinpointed the reason that it was so necessary to give us an input in the record of our hearings which have been in 15 States. Right here we are in a State where the Spanish-speaking or Indian minorities, the elderly of those two minorities, constitutes 50 percent of the aging in this State, exactly half, and that's why it is so important we're here....

...Now may we resume our interrogation of our friends, Native Americans.

Come back in, Del. I've just learned that your name is Delfin, Delfin J. Lovato. Now we have it on the record. You did have a statement here that we didn't get a chance to review. Anyway, we have some questions that may illuminate the record a little bit as we look back over your testimony here. You have given us some startling comments, and I say that quite advisedly, as I look back over your notes.

You say that on nutrition, Title VII, you have only 7 out of 19 Pueblos. That's quite a little bit less than half. We did away with the old discredited OEO and we call it now Community Services, but you are saying that for anything you are receiving there is just 4 out of 19. They are talking about canceling the whole thing in 4 months. Is that the way you understand it?

MR. LOVATO. That's correct, Mr. Chairman.

MR. RANDALL. We heard something this morning about some insulation under the Energy Act of 1976. All you are talking about here is Title III, old home repair, and on the 19 Pueblos it is simply nonexistent—you don't have any?

MR. LOVATO. That's right.

MR. RANDALL. We came down from north of the border, as they say in some other places. We came down from Alamosa yesterday, through San Juan Pueblo. And I say that only some of these so-called bleeding hearts and do-gooders and crusaders should visit San Juan to realize the need for some Title III money. Unbelievable.

Well, I have some questions here of some legislation that's passed that I want to ask you about. We had some amendments to the Older Americans Act here a few years ago. This Title III we were talking about, we hear a lot in this country about trickle down, very little about trickle up, but these grants, they come to the State. As I recall your testimony, you said that that should be suspended, that you're getting, I think your words were, the short end of the stick and that you were hopeful there might be some direct grants.

MR. LOVATO. That's right, Congressman. I think the State as a whole might be getting the short end of the stick.

MR. RANDALL. All right. Well, why is that? Is it because of the uniqueness?

By the way, our friends back there with the other tribes. I see we have some Navajos back there and some Utes. Come on in and listen to this. We are going to get to you next. Come right on in, in the front row, if you will, please. We are going to go here even if we don't eat lunch.

Is it because of the uniqueness of the problem, the State not recognizing? Surely the State recognizes it, doesn't help. What's the reason?

MR. LOVATO. Mr. Chairman, the State of New Mexico, I think, basically recognizes the unique problems of the Pueblo reservations and, for that matter, reservations in the State of New Mexico. The problem is that some of these programs or legislations do not permit for direct funding of Indian tribes, and those that do, there is just not enough money to go to all of the reservations. Title XX of the Social Security Act at present, Mr. Chairman, is only going to one tribe in the State.

MR. RANDALL. Only one tribe?

MR. LOVATO. That's not one Pueblo but to 1 tribe of the 23, while there's 21 tribes in the State of New Mexico, 23, counting the New Mexico portion of the Navajo Reservation, and it is only the New Mexico portion of the Navajo Reservation which is benefiting from the Title XX programs.

MR. RANDALL. Well, we mentioned this legislation that was passed, these amendments to 1973; that is, permitting the local Indian organizations to do their own planning. In other words, it was authorized that they could do their own planning. Has that been eliminated? Do you find that they recognize this new act?

MR. LOVATO. The new act is here. It isn't very much recognized, Mr. Chairman. I think the problem has been that, to go back to your original question and to the remark you just made, the State of New Mexico itself is not getting nearly its adequate share of the funds. There you will find that if you take New Mexico communities in general along with the Indian communities, you will find that the vast majority of these communities who are in need of Title VII and Title III moneys are not getting their share or are not benefiting from these programs. Again, the funding situation.

MR. RANDALL. Well, of course, there was written in the act a penalty provision that if the States do not give an Indian tribe, that they are not receiving their proportionate benefit, they can be penalized as a State. Could that be part of the problem, the State is being penalized because they haven't given the Native Americans their fair share?

MR. LOVATO. I think the State is making every effort, Mr. Chairman. I want to make it clear that in terms of the Commission on Aging in this State, I think they have made a very open, overt effort to get as many dollars to our reservations as possible. But, again, it is the age-old problem of money.

In addition to that, Senator, as you know, the allocations for these moneys to the State is based on population and poverty and need, the population being the primary or the major element, and, again, because of the variances or differences in the population figures that are used by just about every agency of government has its own population figures on native Americans. Again, we don't get our fair share.

MR. RANDALL. You say everybody else. I noted your point about the statistics. You say that everyone else assesses or appraises the figures of our various tribes, and your point is that you think those are inaccurate and misleading and false.

One final question because time is fleeting out. We hear a lot about the increase in longevity. What is the impact of that? What is the average span? Is it as long as the others? Please address yourself to that.

MR. LOVATO. It is not quite as long as the average American citizen today. But like one Indian elder very bluntly put it in Phoenix, Ariz., to an Indian to live longer only means to suffer and be poorer a little longer. I think the fact that—thanks to the Indian Health Service—the longevity of the Indian citizen has improved, but at the same time that has brought about some other problems, problems of housing.

I just wanted to mention one thing, Mr. Chairman, if I might. The problem that our Senator Montoya brought out, and one which, I think, Mr. Roybal has been very acutely interested in. We began our efforts to build mutual housing for our people approximately 5 years ago for eight reservations in the northern part of the State. We didn't want the average blockhouse that you see in Los Angeles suburbs or in some of the slums of this country. We wanted native adobe used in our housing, and it took us 2 years of battle in the Area Office, in Los Angeles to Washington, to get approval or to finally convince these bureaucrats that adobe, in fact, was a good, adequate, sound building material. They wanted us to veneer our adobe with 6 inches of insulation on the outside. At one point they recommended using a ½-inch steel reinforcement bar from the foundation to every adobe through the ceiling. These are the types of ridiculous things that we have gone through. But that is just one area in the housing field that I think we finally have been able to resolve. But at the same time, you know, it won't do any good to go through the tremendous problems we have in HUD; I think we all know them. The situation doesn't seem to get any better. And for the Indian people, I might add that we are in the process, with the other Native Americans of this country, in asking or going to Congress with a comprehensive Indian housing bill.

As you know, legislation is devised on a general scale for the general population of this country, but, again, because of the unique needs and the unique problems we're asking for a bill, a comprehensive Indian housing bill, which will take in not only housing but the community services block grants, take into consideration the neighborhood facilities, the code enforcement project, water and sewer, and put them under one roof.

Right now it is most difficult to even put an application in for any of these things with any expectation of consistency in the interpretations of the regulations governing this program.

MR. RANDALL. Thank you very much.

Mr. Roybal.

MR. ROYBAL. I am very interested in your comprehensive Indian housing bill. Are you working on that at the present and will that be ready before the end of the year?

MR. LOVATO. It will be ready before the end of the year, Mr. Roybal.

I might add that our good friend in the Senate, Senator Jim Abourezk, had initiated such a national piece of legislation, but because of other difficulties was forced to abandon it to some extent.

We are, from the State of New Mexico, initiating this new effort, and we are calling in the National Congress of American Indians, the National Tribal Chairmen, and we are putting our heads together in going forth with a bill which, I think, will provide for those needs.

MR. ROYBAL. And that bill, then, will be presented, no doubt, to Senators from the State and others who will introduce it in their respective houses?

MR. LOVATO. Exactly, Mr. Roybal. That's right, we will be looking to our four Representatives in the Congress to spearhead the drive on this. I am very hopeful that both of you gentlemen will help us out on that.

MR. ROYBAL. The reason I was asking the question was that I was hoping you would say you would also send a copy of that bill to me.

MR. LOVATO. We shall, Mr. Roybal.

MR. ROYBAL. I would be happy to coauthor the bill.

I want to touch on these three subject matters quickly because I realize the time is getting short. One is that you placed the senior citizen age starting at 45, and you said that this was a problem in the Indian tribe, particularly with regard to the unemployment problem.

MR. LOVATO. Mr. Roybal, if I can comment. The reason for that is because of the lack of educational training for our people in that age group at the present time, because most of those people in that age group do not possess the skills and the training, marketable skills and training. They are in a situation where their problems at the tender age of 45, you might say, are already facing the problems that are more acute to those 55 years and over.

To the Native Americans, at 45, they are "has beens," if you want to call it, they are individuals who have difficulty in finding the most menial types of jobs. And for that reason we are asking for the Native Americans or, at least, this was a recommendation made by the older American Indians themselves that that be established as a minimum age.

MR. ROYBAL. Another recommendation that I understand was made, was in regard to foster homes in the reservations. Has a proposal of any kind been prepared that directs itself to that particular problem?

MR. LOVATO. Mr. Roybal, again, there are provisions within the existing legislation which would allow for such facilities, but, again, the problem has to do with the regulatory jurisdictional questions inherent between enforcement or licensing, the State having to license a child day care center, for instance.

Again, we get to that age-old problem, can the State enforce or license these facilities? The Indian tribes contend no, only the tribe can license those facilities, and if we can get that type of recognition from all parties concerned we will be more than happy to implement those types of facilities. But as of now we don't have that.

MR. ROYBAL. Well, I would like to, in the future, have some time to discuss the subject matter with you because this is something of great interest to me.

The next thing that kind of surprised me was your reference to CETA funds not actually reaching the tribes. How bad is that situation?

MR. LOVATO. Mr. Roybal, I am very happy to say that for Titles II, III, and VI, the funds, we serve as an organization, as a prime sponsor, for all 21 tribes in this State, the two Apache tribes included. However, there are provisions that were made at the last supplemental appropriation for Title II funds by which the Congress developed or established 15,000 slots for people, older people, over the age of 55, specifically for them, and this is where I am saying that we did not get a single dollar of that to our knowledge.

MR. ROYBAL. But in the CETA program, in general, you are being benefited by that?

MR. LOVATO. Oh, definitely. It has been a remarkable program for our people.

MR. ROYBAL. Then I misunderstood your statement. I thought you were making reference to the fact that there was no benefit under the CETA program. Now your statement is that there is benefit derived under CETA, but you do not see any evidence of any benefits being derived from the 15,000-unit allocation that was made under the latest CETA program?

MR. LOVATO. Exactly.

Mr. Roybal and Mr. Randall, I know time is short, and I am going to close here, but I just want to clarify that our fight is not with the State of New Mexico or State government, but what we are saying is that what someone else has done for our people we can do better for ourselves, and that's a concept that this organization I'm representing here, along with Mr. Tenorio, is strongly devoted to, and that's all we're asking, for Title I, any Federal funding programs that are going to come on our reservations, the opportunity be given for the Indian tribes themselves to administer and run those programs. It is all part of the training, Congressman Roybal, and we just want to make everything consistent.

MR. RANDALL. Thank you so very much. I just want to be sure you put me down on that list to join in that legislation. So you not only have two plus two, you have really six here.

Thank you very much....

...Mr. Sandoval and Mr. Garcia, would you please come in Mr. Garcia, please come in both of you, sir.

To use the expression of our last witness, we don't want to give anybody the short end of the stick. You have heard the testimony. If you agree or disagree, or if you have something new to offer, please come on in.

You proceed in your own way, to summarize or—you have heard the testimony of the other native Americans. If you have something to add or subtract or different, please proceed.

STATEMENT OF RODGER H. SANDOVAL, COMMITTEE ON AGING, NAVAJO TRIBE; AND DEPUTY DIRECTOR, OFFICE OF NAVAJO ECONOMIC OPPORTUNITY

MR. SANDOVAL. Thank you, gentlemen.

I am Rodger Sandoval, with the Office of Navajo Economic Opportunities, with the Navajo Tribe in Fort Defiance, Ariz.

I have been on several councils relating to old age programs and nutrition programs and what-have-you. I also served on the National Board of Directors of the National Council on the Aging and was at one time vice chairperson of the elderly Indian session on the last White House Conference on Aging.

I will refrain from giving a socioeconomic or topographical description of the Navajo Reservation by simply saying unemployment is 62 percent, average per capita income is $800, and 63 percent of the Navajo homes do not have running water or indoor toilet facilities. Our people live a rural agrarian life. In this respect I might make this extra comment here.

People talk about rural life, but I think in our area, in our locations, we are rural rural, way out in the boondocks.

Our elderly suffer from poor and unsanitary housing, limited education, inadequate nutrition, poor medical services, lack of transportation and communication systems. According to the Bureau of Indian Affairs Vital Statistics there were on January 1, 1976, 149,950 Navajos on the reservation, rounded out to 150,000. Only 7 percent are over 60 years of age as compared to over 10 percent nationally. This clearly points out the acute conditions in which our people live. Even more startling is the fact that only 4 percent are over the age of 65. This means that 43 percent of those fortunate to survive to age 60 have a life expectancy of less than 5 years! So despite all the programs and services and agencies created over the years, the life-sustaining necessities are not there for the aging Navajo.

To improve this plight, I have addressed human issues such as debased self-concept, changing roles and family relations or loss of income and status. I submit to you four proposals which, if implemented, would make major improvements in the quality of life and increased life span of the elderly Navajo.

(1) The Navajo Tribe needs a unified organization or governmental agency with which to plan and develop services to the elderly. The Navajo Reservation is in a unique and troublesome situation. Parts of the reservation fall into three States, New Mexico, Arizona and Utah. These three States fall into three Federal Regions, 6,8, and 9. Thus the Navajo programs for the elderly are planned and administered through three different States and three different Regions, thus requiring the Navajos to respond to three different sets of bureaucracies and their legislators, administrators, and bureaucrats.

(2) The 1971 White House Conference on Aging's Special Concerns Session on the elderly Indian made a series of recommendations in the areas of income, housing, legal services, nutrition, nursing homes, transportation, education, physical and spiritual well-being and health. None of these recommendations were fully implemented; few were only partially fulfilled; and the vast majority were ignored; and nothing has changed in the ensuing 5 years for the Indian elderly. *The first National Indian Conference on Aging*, sponsored by the National Tribal Chairmen's Association, held in June of this year, labeled the White House Conference recommendations to have been "largely ignored." Copies of the White House session report are included as an addendum to this prepared statement. [Retained in committee files.] We demand prompt positive response to that series of recommendations.

(3) Programs now in existence for elderly Indians are uncoordinated. This lack of coordination leads to low visibility for the unique problems of Indians in the general administration of those programs adopted for all senior citizens and also means that many Indians never receive the complete benefits of such programs. The time is long overdue within the Administration on Aging for an Indian desk; an Indian desk to assume high visibility for the elderly Indian; an Indian desk which could coordinate programs which are aimed at helping and which would also serve as a strong advocate for our aging citizens.

I might add here at this point a remark relating to the two requests that have been in existence for approximately 6 years. The one request is direct funding for all Indian tribes, in the area of elderly programs. No. 2 is the establishment of an Indian desk in the Administration on Aging in Washington. I must have gone through at least six different conferences, national conferences, and through the National Council on the Aging, and in a conference in Phoenix back in 1972, and while I was on the Subcommittee on Aging, for the Senate Committee on Aging, I requested that through my friend Bill Oriol, of Washington, and I must have asked Dr. Flemming at least six times for that, those two items, and never has anything happened yet.

(4) To the question, "Has there been satisfactory implementation of the Older Americans Act, section 303, part A, entitled 'Grants to Indian Tribes' in providing for assistance to Indians?" I emphatically make the following response: "No."

We strongly support the concept of and request indeed, as Native Americans, demand—direct set-aside funding to Indian tribes. This approach is the only way we can both preserve our historical rights and provide the quality and quantity of services our elderly desperately need.

Historically, Indian tribes have had a unique legal relationship with the Federal Government. As provided in the U.S. Constitution, laws, and treaties, we have always dealt directly with the Federal Government without the States as an intermediary. The Federal Indian policy of self-determination adopted by this Congress in the Indian Self-Determination Act reinforces this relationship. Its goal is to assist the tribes to develop as units of government that provide services directly to our own people.

Indian self-determination cannot be carried out when the moneys, and therefore the control and decisions over programs, are given to the State! The States have rarely had the capability or desire to provide adequate services to Indian people, and almost never offer services that respond to our unique cultural needs and values. The Older Americans Act is a perfect example. The regulations for the act tried to force the States to focus on tribal needs and to provide services to the

Indian elderly. The States have almost completely ignored these regulations. Since the act was adopted over $1 billion has been spent on the elderly, yet only about $1 million has gone to Indians to meet all the acute elderly needs of over 200 tribes throughout the country. The picture is clear—States have just not been willing to allocate their Federal elderly funds to Indian tribes.

This is a sad commentary on the prevailing attitude and policy of the Federal Government toward true Indian self-determination. And even when States are inclined to fund Indian programs, the States do not have the expertise, staff, knowledge, or experience to manage or deal with Indian tribes and the multiple problems of their elderly.

There is a second reason for direct funding. Indian people have unique cultures, values, and needs. We are fortunate that we have our tribal governments. These tribal governments are the only ones who can provide services that are responsive to our cultural needs and values. This has been recognized by Congress in its legislation to strengthen tribal governments. This need for culturally responsive programs is even greater for the elderly. More than anyone else among our people, the elderly speak our native language, follow our traditional religion and practice our traditional customs. The elderly programs administered from State capitals just cannot cope with or meet the needs of this elderly population. The programs must be conceived and developed, and planned and executed by the tribes themselves. Our experience has shown that the only way tribes can get funds and provide services that meet our unique needs is through a direct Federal set-aside to the tribes.

The idea of a special Indian set-aside is not new, but has begun to become the rule in recent Federal legislation. Direct Indian set-aside has been provided in such major pieces of Federal legislation as revenue sharing, Comprehensive Employment and Training Act, housing legislation, and many others. This principle must be applied to older Americans if elderly Indians are to benefit from the good intentions of the Congress, because the existing enforcement provisions are simply not working.

In conclusion, if Congress is to be realistic, funding for tribes must be direct as we have the ability and are best equipped to manage our own programs. Funding must be provided under all titles and in sufficient amounts. For the past 11 years, since the Older Americans Act was enacted, Indian people have been left out and reservation programs have not been funded. In fact, most of the funding for tribes was not allocated until 1974 and most of the funds were for model grants or small feeding programs. With the best intentions of the Congress we are being offered only a portion of what Congress intended and a limited pittance to do a massive job.

In closing, and in summary, we Navajos and Indians demand that to which we are entitled. An Indian desk and direct set-aside funding are the two major steps.

Thank you.

MR. RANDALL. Thank you very much, Mr. Sandoval. You have given us some hard-hitting testimony. I know what you are talking about when you speak of the Administration on Aging and an Indian desk. The only other minority that we have spoken about today is one that we discovered has literally been shortchanged. We don't have any great beef against Dr. Flemming. He seems to sometimes try to do the best he can. But we've found that in the entire hierarchy in all of the bureaucracies in the city of Washington there was not one single person there who could respond and write a letter back in Spanish when that letter had come in in Spanish. This is Spanish now. You are talking about an Indian desk. I'm talking about a Spanish desk. I think we've got that corrected. In the past year he does have one or two persons down there that can reply in Spanish. So your point is well taken.

Mr. Roybal.

MR. ROYBAL. No questions.

MR. RANDALL. In summary, your two outstanding points were the Indian desk and then, of course, some special set-aside. I hope that that's a part of the Revenue Sharing Act which is extended because the Chair personally offered an amendment on the floor that before there could be final funding there had to be a special hearing for the aging by the local subdivisions. So maybe you can get in on that if there is not this special set-aside.

Thank you, sir.

MR. RANDALL. Now, Mr. Garcia, will you proceed, sir.

STATEMENT OF DENTON GARCIA, JICARILLA APACHE TRIBE

MR. GARCIA. Mr. Chairman, for the record, my name is Denton Garcia. I do represent the Jicarilla Apache Tribe as a member and also as a director of the program for the elderly.

Before I begin, I would like to say that I have worked off the reservation for 7 years as a master social worker in one of the larger cities in the United States, and I find that the problems that we do encounter on the reservation are also similar to those encountered off. As I sat here listening to these other gentlemen speak, I find that even though we are Apaches and Navajos and Pueblo Indians we do have the same problems, and as a result I'll try to cut my speech a little bit and to take up less of our time, and also to point directly at an Indian tribe which, I feel, the Federal Government has forgotten. We are individual, we are distinct, and we should be dealt with that way. For us to be dealt with as one big group, I think, is a mistake. OK.

On the Jicarilla Reservation we are looking at a group of people rich in tradition, with a desire to live their remaining years in the same dignity that their ancestors once roamed the great Southwest, but they cannot live in dignity in a one-room shack, with no running water, centralized heat or electric power, benefits which most Americans now take for granted. But we cannot blame these people, for when they were growing up they were taught to watch their small flocks, to help grow a small garden, which in many instances was the only support for the family. Today the small herds are gone. The small gardens on the reservations are gone. These people now in their twilight years must depend upon tribe or the State for their only support.

There are many problems which affect the elders, too numerous to mention here, and most have been touched on by Mr. Lovato and Mr. Sandoval. But a few must be brought to light that I found which are unique to the Jicarilla Apache.

The main one is the price of Food Stamps. They are often too high and the people cannot afford to purchase them. As a result I feel a worthwhile project is being unused by the Jicarilla Apache.

The cold winters. We live in northern New Mexico, which is mountainous, and in the winter the temperature may drop below zero and in the summer it may rise above 100 degrees, so we do have two extremes which we must deal with, and housing must be adequately prepared to meet these two extremes.

The distance between the homes and the service areas. Our reservation is approximately 65 miles by 30 miles wide, which allows our people to spread out and to live in various areas. We do not live in one centralized area, in which you would find many Pueblos, and, sir, therefore the problem of transportation is compounded. The senior cannot get from his home to the central service area, the stores, the post offices, and other social areas, or the hospital in particular.

Another problem is the disappearance of their extended family. With the advent of new jobs and automobiles, you know, many times our seniors have been forgotten by their children and they are left there to fend for themselves. One of the problems on our reservation is that they do have to look after themselves, the children do move away, and the older parents are left there. That's one area I would like the committee to consider when they are drawing up funding, money for funding.

And then again I would stress in closing that it must be remembered that not all Indian tribes are the same, each has their own problems, and each must be dealt with by the tribe itself. This is what we ask, a chance to run our own programs, with direct aid from the U.S. Government. We do not want the money to be funneled through so many channels, so that when we do get it it is but a small drop, too small in many instances to be effective. Currently we are getting $3,812 from the State of New Mexico to run a program for over 100 seniors on the reservation.

We did get a grant last year from CSA in Dallas, but I got a letter from them telling me that they can only fund us for approximately 4 more months and then we must look for funding elsewhere, and this elsewhere is the problem we are faced with right now. Where else do we turn? The State tells me that $3,812 is the maximum they can fund us for this year.

Mr. Chairman, that concludes my report on the Jicarilla Reservation. I would like to thank you for your time.

MR. RANDALL. Thank you, Mr. Garcia. I think you are saying, except in just a little bit different terminology, the same as the other witnesses.

Here there is a special relationship between the U.S. Government and the tribes because they are all the outgrowth of either an Executive Order or Treaty, and the States are really not a party to that treaty. You are objecting and complaining that there is a special relationship because of these treaties. It should be a direct funding. That's about the size of it, isn't it?

MR. GARCIA. That is exactly what we mean, Mr. Chairman. We feel that we are wards of the Government. We did have our agreements directly with the Government. We feel that in all our social activities, whether it be health or, you know, social services, child care, or now an instance of senior services, they should be, you know, directly related to the Government, because we feel, as it comes down to the State eventually, each department does take their amount of money for administration, and when it does get out in the field that there is——

MR. RANDALL. There is precious little left for you.

MR. GARCIA. Yes. That's exactly what we are against very strongly.

MR. RANDALL. Mr. Roybal.

MR. ROYBAL. Mr. Lovato, during the time that he was testifying, mentioned the preparation of a comprehensive Indian housing bill. If such legislation were to be presented and passed, would that meet the housing problems that the Apache also has?

MR. GARCIA. Yes. Again, I would like to talk about our own specific problem with housing on the reservation. We do have several housing projects. But on the reservations they want us to put our houses in nice rows, you know, in areas that people don't want to live. In fact, they want these old Americans to leave the reservation, move to a town in a nice little area in a nice little row of houses. They don't want to live there. They want their own house on the reservation where they have lived all their lives. Consequently when these new houses are built in town the senior citizen will not move there simply because he does not want to live there and we cannot make him.

MR. ROYBAL. So the comprehensive Indian housing bill would have to make provision for the type of housing that you are recommending, otherwise that money would not be used properly?

MR. GARCIA. Again, I must go back to a statement that I made, that is, all Indian tribes are different and must be dealt with differently, you know. If you build up a comprehensive plan for housing for the Pueblos, and then consider the Apaches also, you know, to have their own plan is what I am trying to say.

MR. ROYBAL. In other words, what would be proper is that a comprehensive Indian housing bill be prepared and that that bill make it possible for each Indian tribe to determine the type of housing that they need.

MR. GARCIA. The type of housing and location.

MR. ROYBAL. And the location that they need?

MR. GARCIA. Yes.

MR. ROYBAL. Because otherwise, if it is just a housing bill and you build a high rise apartment house they are not going to live there anyway.

MR. GARCIA. No. I would bet they won't live there at all.

MR. ROYBAL. Thank you very much.

STATEMENT OF ROBERT MONDRAGON, DIRECTOR, NEW MEXICO COMMISSION ON AGING

(Excerpted)

MR. MONDRAGON.

. . . A brief background of the elderly situation in the State of New Mexico:

The State of New Mexico has 32 counties. About a third of the population lives in the metropolitan area of Albuquerque. The population of the State is a little bit over a million people. Of those, according to your figures that you give us, over 132,000 of them are over 60 years of age. I would say that at least 50 percent are minorities.

This morning there was some discussion pertaining to language, and this morning there were more people here who required a translation to Spanish so that they could understand the proceedings of this hearing.

The problems Mr. Roybal mentioned in California for the Spanish speaking are the same problems as for any older people who are not Spanish speaking. But I would like to say, however, that for the Spanish-speaking people and for the Indian elderly of the State, although language is not a problem in itself or the cultural difference is not a problem in itself, it does complicate the problems of the elderly not to be able to understand the English language. To the people themselves, not knowing the English language is not as much of a problem, therefore it is my opinion that it is the programs which should be adapted rather than attempting to adapt the people to the programs, in that regard. . . .

. . . I would also like to touch with regard to nutrition to an extreme lack of communication that exists between Federal agencies. I will mention two agencies besides the Administration on Aging: one, the Community Services Administration, and the other, the agency which administers the Title XX program. We have encountered a number or problems with Title XX. When we found out of the funds that were available to the State, again we set out to assure that the elderly would be able to get their fair share. We worked very hard and were able to get some funds committed to certain areas of the State. We went out and got the local people together to apply for those funds. The programs were started and then some of them had to be, in effect, just closed down, the Title XX program part. We were trying to do joint efforts to help more people, but the limitations or the certification regulations for Title XX in some places were such that Title VII and Title XX programs weren't able to work together. We are trying to resolve some of those problems now.

In regard to Community Services Administration, very recently we were made aware of programs to the tune of about $250,000 which have been going on with the Indian tribes around the State. This has been brought to our attention now that these programs are going to be terminated. These are Community Services Administration programs. Now, the people who were running these programs were given the impression that they were being picked up by Title VII funds. Now, there are no Title VII funds available to be able to pick up those $250,000 programs that exist throughout the State with the Indian projects.

I think it would be of tremendous help if these programs would be able to be continued and give us time to be able to communicate, work with the Community Services Administration, with the All Indian Pueblo Council and the Navajos and the Apaches, to see that we can be able to convert these, and that funds will be provided so that we will be able to serve the Indian peoples, and to be able to do it in a manner to where they will be nutritious meals, because some of these programs, it is my understanding, were one meal per week, sometimes one meal every 2 weeks, sometimes every month, and these are not nutritious programs that can truly help the elderly, you know, if we really want to be able to help them to maintain their good health. So I really believe that this is one thing that needs to be looked at. . . .

. . . MR. RANDALL. Back on this nutrition, if I understood you correctly—I have it noted here—the Navajos, the Apaches, and the Utes don't even average one meal a day.

MR. MONDRAGON. The Navajos, Apaches, and the Pueblo Indians.

MR. RANDALL. Pueblos. Well, what do they get out of it?

MR. MONDRAGON. Well, that is a program under the Community Services Administration.

MR. RANDALL. I see.

MR. MONDRAGON. I was mentioning that because those programs, many of them, only provide a meal once in a while.

MR. RANDALL. One a week, once a week?

MR. MONDRAGON. Once a week; sometimes once every 2 weeks. We don't run those programs.

MR. RANDALL. That's a long time between meals.

MR. MONDRAGON. Provided by this. I'm sure they eat in-between. But what I am trying to stress, Mr. Chairman, is that through the Older Americans Act the Title VII programs that we have we provide a meal a day, a nutritious meal a day. We do have programs under this Title VII project that are in the reservations. We have approximately $132,000 of the $1 million that we get that is in either Pueblos or the Apaches or the Navajo Tribe reservations.